

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081479

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: AMERICAN CLASSIC AGENCY, CORP.

**Current Principal Place of Business:**

201 ATP TOUR BLVD  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

201 ATP TOUR BLVD  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 59-3756248      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LESNICK, IRVING I  
1200 N. FEDERAL HWY.  
SUITE 209  
BOCA RATON, FL 334322845 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: POLICASTRO, GERALD  
Address: 201 ATP TOUR BLVD,  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VCFO ( ) Delete  
Name: SIELICKI, RICHARD  
Address: 201 ATP TOUR BLVD,  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VCMO ( ) Delete  
Name: LEE, PETE  
Address: 201 ATP TOUR BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S ( ) Delete  
Name: BOST, KELLEY  
Address: 201 ATP TOUR BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLEY BOST

S

04/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date