

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000039715**

1. Entity Name  
**CLASS ACT & ASSOCIATES, INC.**



Principal Place of Business  
**1 WARREN PLACE  
PALM COAST, FL 32164**

Mailing Address  
**1 WARREN PLACE  
PALM COAST, FL 32164**



01272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0863805**

Applied For  
Not Applicable

6. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

8. Name and Address of Current Registered Agent

**CUNNINGHAM, ALFRED  
1 WARREN PLACE  
PALM COAST, FL 32164**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature typed or printed name of registered agent and one of incorporator.

Typed Registered Agent Signature required when registering.

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000656100  
03/14/07-80012-012 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUNNINGHAM, ALFRED 1 WARREN PLACE PALM COAST, FL 32164
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with my address, with an officer being empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5-07**

Date

**386 445-8909**

Daytime Phone #