

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90070 004 \*\*\*150.00

DOCUMENT # P02000049532

1. Entity Name  
CLASSIC GRAPHICS, INC.



Principal Place of Business

15510 TURKEY FARM RD  
CLERMONT, FL 34711

Minneola FL 34715

Mailing Address

15510 TURKEY FARM RD  
CLERMONT, FL 34711

Minneola FL 34715



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
03-0438074

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SIMMONS, ELAINE  
15510 TURKEY FARM RD  
CLERMONT, FL 34711

Minneola FL 34715

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SIMMONS, ELAINE
STREET ADDRESS	15510 TURKEY FARM RD
CITY - ST - ZIP	CLERMONT, FL 34711 Minneola FL 34715
TITLE	D
NAME	SIMMONS, MICHAEL
STREET ADDRESS	15510 TURKEY FARM RD
CITY - ST - ZIP	CLERMONT, FL 34711 Minneola FL 34715
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address, with all other like empowered.

SIGNATURE:

*Elaine Simmons*

Elaine Simmons

3/25/05

352-394-8775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #