

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P020Q0058762**

1. Entity Name  
CENTRAL FLORIDA CLASSICS, INC.



Principal Place of Business  
35049 STATE ROAD 54 W  
ZEPHYRHILLS, FL 33541

Mailing Address  
35049 STATE ROAD 54 W  
ZEPHYRHILLS, FL 33541



08172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
64-1170387  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PARK, SAMUEL F  
6721 WOODSMAN DR  
ZEPHYRHILLS, FL 33544

**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)

1100000575863  
09/01/06-80000-005 550.00

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARK, SAMUEL F 6721 WOODSMAN DR ZEPHYRHILLS, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PARK, JACK 6720 WOODSMAN DR. WESLEY CHAPEL, FL 33544
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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 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 an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jack C. Park*  
Jack C. Park, Vice President

8/30/06 813-994-4986  
Date Daytime Phone #