


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90003 010 ***150.00

DOCUMENT # P02000128287			
1. Entity Name CLASSIC HOME ACCENTS, INC.			
Principal Place of Business 1029 BEARDED OAKS TERRACE LONGWOOD FL 32779		Mailing Address 1029 BEARDED OAKS TERRACE LONGWOOD FL 32779	
2. Principal Place of Business 128 PALM COAST PKWY, NE		3. Mailing Address 128 PALM COAST PKWY, NE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALM COAST, FL		City & State PALM COAST, FL	
Zip 32137	Country FLAGLER	Zip 32137	Country FLAGLER
6. Name and Address of Current Registered Agent NAUS, BARRY S 1029 BEARDED OAKS TERRACE LONGWOOD FL 32779		7. Name and Address of New Registered Agent Name NAUS, BARRY S Street Address (P.O. Box Number is Not Acceptable) 128 PALM COAST PKWY, NE City PALM COAST FL Zip Code 32137	
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 <u><i>Barry S Naus</i></u> Barry S Naus 1/24/04 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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NAUS, BARRY S 1029 BEARDED OAKS TERRACE LONGWOOD FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAUS, BARRY S 200 OCEAN CREST DR. 914 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BUCKINGHAM, CAROLYN J 1029 BEARDED OAKS TERRACE LONGWOOD FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BUCKINGHAM, CAROLYN J 200 OCEAN CREST DR 914 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Barry S Naus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/04
Date

396 246-6450
Daytime Phone #