

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002070

Entity Name: CLASSIC TOPS, INC.

FILED  
Aug 18, 2004  
Secretary of State

## Current Principal Place of Business:

4201 W. OLD HWY. 441, BLDG. C  
MT. DORA, FL 32757

## New Principal Place of Business:

## Current Mailing Address:

4201 W. OLD HWY. 441, BLDG. C  
MT. DORA, FL 32757

## New Mailing Address:

PO BOX 610  
TAVARES, FL 32778

FEI Number: 75-3091643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BODNER, BARBARA J  
4201 W. OLD HWY. 441, BLDG. C  
MT. DORA, FL 32757

## Name and Address of New Registered Agent:

RAMIREZ, MANUEL A  
4201 W. OLD HWY. 441, BLDG. C  
MT. DORA, FL 32757

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: MANUEL A RAMIREZ

08/18/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: BODNER, BARBARA J  
Address: P.O. BOX 492060  
City-St-Zip: LEESBURG, FL 347492060

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: RAMIREZ, MANUEL A  
Address: P.O. BOX 610  
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MANUEL A RAMIREZ

OWNE

08/18/2004

Electronic Signature of Signing Officer or Director

Date