

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91279 005 \*\*\*150.00

66421064



MOORE CR2E034 (11/03)

<b>DOCUMENT # P03000051356</b> 1. Entity Name <b>CLASSIC TECHNOLOGIES &amp; PROMOTIONS INC.</b>																															
Principal Place of Business <b>8125 MONTEREY DR., H3 RIVIERA BEACH FL 33404</b>		Mailing Address <b>8125 MONTEREY DR., H3 RIVIERA BEACH FL 33404</b>																													
2. Principal Place of Business <b>8125 MONTEREY DR.</b> Suite, Apt. #, etc. <b>Suite # H-3</b> City & State <b>Riviera Beach, FL</b> Zip <b>33404</b>		3. Mailing Address <b>8125 MONTEREY DR.</b> Suite, Apt. #, etc. <b>Suite # H-3</b> City & State <b>Riviera Beach, FL</b> Zip <b>33404</b>																													
4. FEI Number <b>01-0782314</b>		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent <b>FLORIDA FILINGS &amp; SEARCH SERVICES, INC. 1333 NORTH DUVAL ST. TALLAHASSEE FL 32303</b>		7. Name and Address of New Registered Agent Name <b>FLORIDA LITING &amp; SEARCH SERVICES</b> Street Address (P.O. Box Number is Not Acceptable) <b>1333 North Duval Street</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32303</b>																													
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>D VANGINHOVEN, JOHN 8125 MONTEREY DR., H3 RIVIERA BEACH FL 33404</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VANGINHOVEN, JOHN 8125 MONTEREY DR., H3 RIVIERA BEACH FL 33404</b> <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-23-04</b> Daytime Phone # <b>(261) 863-16 94</b>																													