

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000056511**

1. Entity Name  
**CLASSIC HEADLINES INCORPORATED**



Principal Place of Business  
**CLASSIC HEADLINES, INC.**  
**301 CLEMATIS ST., SUITE 3000**  
**WEST PALM BEACH, FL 33401 US**

Mailing Address  
**CLASSIC HEADLINES, INC.**  
**301 CLEMATIS ST., SUITE 3000**  
**WEST PALM BEACH, FL 33401 US**



03312007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-1178081**

Applied For  
Not Applicable

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

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

**FLAVIN, RONALD**  
**3315 WASHINGTON ROAD**  
**WEST PALM BEACH, FL 33405**

**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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	POWELL, DANIEL T
STREET ADDRESS	30080 BROOKVIEW
CITY-ST-ZIP	LIVONIA, MI 48152
TITLE	V
NAME	FLAVIN, RONALD
STREET ADDRESS	3315 WASHINGTON ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/07-80009-008 150.00

**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

Date

Daytime Phone #

**4-1-07 (56)833-3725**