

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000071703

1. Entity Name  
CLASSIE TRANSPORTATION, INC.



Principal Place of Business  
503 SOUTH LAKE AVENUE  
AVON PARK, FL 33825

Mailing Address  
P.O. BOX 356  
AVON PARK, FL 33826



02072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3775024

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ABLES, CLIFFORD M III  
551 S. COMMERCE AVENUE  
SEBRING, FL 33870

**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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WILKERSON, MARCELLE  
STREET ADDRESS 1127 E. WINTHROP STREET  
CITY-ST-ZIP AVON PARK, FL 33825

TITLE VSD  
NAME KOPTA, KURT  
STREET ADDRESS 1127 E. WINTHROP STREET  
CITY-ST-ZIP AVON PARK, FL 33825

TITLE TD  
NAME KOPTA, KITA  
STREET ADDRESS 1708 MORNINGSID DRIVE  
CITY-ST-ZIP AVON PARK, FL 33825

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UD00000470218  
03/28/06-80006-001 150.00

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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: Marcelle Wilkerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 06

Date

Daytime Phone #