

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 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**



01202007 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 Agents 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 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 MORNINGSIDE 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

000000616430
02/07/07-80025-025 150.00

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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: *Kita A. Kopta* *TREASURER* *1-29-07 (863) 453-3600.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #