

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
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



01272008 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000885649
04/18/08-80022-017 150.00

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	

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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* *Kita A. Kopta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-08

Date

863-4533600

Daytime Phone #