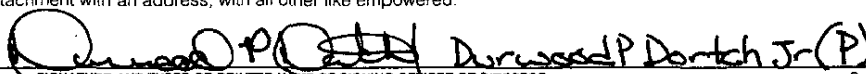


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90068 027 ***150.00

DOCUMENT # P03000114664					
1. Entity Name CLASSIC STRUCTURES, INC.					
Principal Place of Business 1465 ANDERSON STREET CLERMONT FL 34711 US			Mailing Address 1465 ANDERSON STREET CLERMONT FL 34711 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 57-1191495	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DORTCH, DURWOOD P JR 1465 ANDERSON STREET CLERMONT FL 34711				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME DORTCH, DURWOOD P JR		☐ Delete		
STREET ADDRESS 1465 ANDERSON STREET	CITY-ST-ZIP CLERMONT FL 34711		☐ Change ☐ Addition		
TITLE TREA	NAME DORTCH, VICKI D		☐ Delete		
STREET ADDRESS 1465 ANDERSON STREET	CITY-ST-ZIP CLERMONT FL 34711		☐ Change ☐ Addition		
TITLE SEC	NAME DORTCH, VICKI D		☐ Delete		
STREET ADDRESS 1465 ANDERSON STREET	CITY-ST-ZIP CLERMONT FL 34711		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY-ST-ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY-ST-ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY-ST-ZIP 		☐ Change ☐ Addition		
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:  1-20-04 352-241-9581					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



MOORE CR2E034 (11/03)