2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 03, 2006 8:00 am Secretary of State

Principal Place of Business PO 80X 1365 EDGEWATER, FL 32132 2. Parionizati Place of Business Suita, Apr. # etc. 2. Suita, Apr. # etc. 2. Suita, Apr. # etc. 2. Suita, Apr. # etc. 3. Paging paries 4. Fill Number 2. Quillock 2. On Country 3. Paging paries 4. Fill Number 2. Quillock 5. Controlled Status, Debtind 6. Name and Address of Current Registated Agent Country 5. Controlled Status, Debtind 6. Name and Address of Current Registated Agent Country 6. Name and Address of Current Registated Agent Country 6. Name and Address of Current Registated Agent Country 6. Name and Address of Current Registated Agent Country 7. Name and Address of New Registated Agent Cov FL Zia Code 8. The above named entity submits this statement to the purpose of changed for the objection of impliese of specific agent. SCRNATURE Cov FL Rowning Flore Status Debtind Social Rowning Flore Status Debtind Footstand Ro	DOCUMENT # P03000140 1. Entity Name CLASSIC CONTRACTING OF VOLUMENT		Story	08-03-2006 90003 047 ***150.00			
EDGEWATER FL 32132 2. Principal Place of Business Sule Apri 4, etc.	•	•				50024054	
Surie Act # ctc. Surie Act # doc Cry & State Cry & State Cry & State Country To Coun						\$60£300c	
Suite. Apl. 4. etc. Suite. Apl. 6. etc. Suite. Ap	,			 	II BBIRG IIKI COMI COMI BI	Han hand okode ürliği irliği sorra ho	
Cry & State Cry & State Cry & State Country Chartery Country Co	2. Principal Place of Business	3. Mailing Address (UVR WIND AW					
Zp Country	Suite, Apt. #, etc.	Suite, Apt. #, etc.		07172006	Chg-P	CR2E034 (11/05)	
S. Certificate of Statis Section Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Bo AnJuhaya Next Acceptable) Street Address (P.O. Bo Anjuhaya Next Acceptable) City FL Zip Code Street Address (P.O. Bo Anjuhaya Next Acceptable) Street Address (P.O. Bo Anjuhaya Next Acceptable) Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address	City & State	City & State / H	ill FC				
Name: Delete De	Zip Country	zh 32/17	Country	5. Certificate	e of Status Desired		
Street Address TP.O. Both United State of Foods. In an interview with united sequence of the obligations of registered agent, or both joint State of Foods. In it is obligations of registered agent, or both joint State of Foods. In it is obligations of registered agent, or both joint State of Foods. In it is obligations of registered agent, or both joint State of Foods. In it is obligations of registered agent, or both joint State of Foods. In it is obligations of registered agent, or both joint State of Foods. In it is obligations of registered agent, or both joint State of Foods. In it is obligations of registered agent, or both joint State of Foods. In it is obligations of registered agent, or both joint State of Foods. In it is obligation of registered agent, or both joint State of Foods. In it is obligation of registered agent, or both joint State of Foods. In it is obligation of registered agent, or both joint State of Foods. In it is obligation of registered agent, or both joint State of Foods. In it is obligation of registered agent, or both joint State of Foods. In it is obligation of registered agent, or both joint State of Foods. In it is obligation of registered agent, or both joint State of Foods. In it is obligation of registered agent, or both joint State of Foods. In it is obligation of registered agent, or both joint State of Foods. In it is obligation of registered agent, or both joint State of Foods. In it is obligation of registered agent, or both joint State of Foods. In it is obligation of registered agent, or both joint State of Foods. In it is obligation of registered agent, or both joint State of Foods. In it is obligation of registered agent, or both joint State of Foods. In it is obligation of registered agent, or both joint State of Foods. In it is obligation of registered agent, or both joint State of Foods. In it is obligation of registered agent, or both joint State of Foods. In it is obligation of registered agent, or both joint State of Foods. In it is obligation of registered ag		Registered Agent		7. Name and	d Address of New I	Registered Agent	
## City FL Zip Code B. The above named entity submits this statement for tro purpose of changing its registered office or registered agent, or both in the State of Florids. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			I = I O	E 1	guide	il	
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, a the State of Florida. I am samiliar with and accept the obligations of registered agent. SIGNATURE Signature, loned or prived named integrities of purpose of changing its registered agent or registered agent, or both, a the State of Florida. I am samiliar with and accept the obligations of registered agent. Signature, loned or prived named integrities of purpose agent to the purpose of purpose agent to the state of Florida. I am samiliar with and accept the purpose of purpose agent to the State of Florida. I am samiliar with and accept the purpose of purpose agent. Signature, loned or prived named registered agent. Signature, loned or purpose of purpose agent. Signature, loned or purpose agent. Signature, loned agent. Signature		Street Addres	s (P.O. Box Numb	per is Not Acceptab	le)		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both it the State of Florida. I. an familiar with, and accept the obligations of registered agent. SIGNATURE Signature, howed or privated name of registered agent DATE	110227 11132,7 2 0271.						
SIGNATURE Signature Signa			City			FL Zip Code	
SIGNATURE Signature, typed or private name or topic-wired inpent to 1 again-accordance with a control topic or private name or topic-wired inpent to 1 again-accordance with s. 607, 193(2)(b), F. S., the corporation did not receive the prior notice. 10.		r the purpose of changing its re	gistered office or regis	tered agent, or be	oth, in the State of F	lorida. I am familiar with,	and accept
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 Pusition Campaign Financing Due by September 6, 2006 Trusi Fund Contribution. S5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE Power of the pool of the prior of the prior notice. The pool of the prior notice.		(1) F 7091	ullicl	1/2		7/17/0	XQ -
## STREET ADDRESS CITY-ST-ZIP TITLE NAME Delete TITLE Delete	Signature, typed or printed name of registered agent a	explicable use E. R	egistered Agent signature redu	ired when venday(y)		DATE	_
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-S	FILE NOW!!! FEE IS \$150.00				In accordance corporation did	with s. 607.193(2)(b), I not receive the prior r	F.S., the notice.
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP WELLEDORF, DIANE P O BOX 1365 EDGEWATER, FL 32132 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				ADDITIONS	/CHANGES TO OF		
CITY-ST-ZIP EDGEWATER, FL 32132 TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP OBOX 1365 EDGEWATER, FL 32132 CITY-ST-ZIP FO BOX 1365 EDGEWATER, FL 32132 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	!	☐ Delete				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET A	I J						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						☐ Channe	□ Andring
CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	,	U Delete				☐ Onesige	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	1						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete				☐ Change	Addition
CITY-ST-ZIP CHange Addition AAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS STREET ADDRES	1						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME NAM	TITLE	☐ Delete	TITLE			☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP Change Addition TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS			I 1				
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	!		[
STREET ADDRESS CITY-ST-ZIP TITLE Delete THE NAME STREET ADDRESS CITY-ST-ZIP TREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	1	☐ Delete				☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS	I NAME						
NAME STREET ADDRESS STREET ADDRESS		•					
STREET ADDRESS STREET ADDRESS	STREET ADDRESS		STREET ADDRESS				
OTH OT TO	STREET ADDRESS CITY-ST-ZIP TITLE	Ů Delete	STREET ADDRESS CITY-ST-ZIP THLE			☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	STREET ADDRESS CITY-ST-ZIP TITLE NAME	• □ Delete	STREET ADDRESS CITY - ST - ZIP THLE NAME			☐ Change	Addition

12. Thereby certify that the information supplied with this filling 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: MILIAE) WELLENDORF POLICE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davt.me Phone #