2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/5/2008-90002-015-$150.00-$150.00

FILED

2008 DEC -9 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000140992

1. Entity Name
CLASSIC CONTRACTING OF VOLUSIA COUNTY INC

07162008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
P O BOX 1365 EDGEWATER, FL 32132	1515 RIDGE WOOD AVE SUITE A HOLLY HILL, FL 32117

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1850 Kumquat DR.	PO Box 1365
Suite, Apt. #, etc. 8	Suite, Apt. #, etc.
City & State Edgewater, FL.	City & State Edge Water FL 32132
Zip 32141 Country Volusia	Zip 32132 Country

4. FEI Number
20-0424381
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOGUIDICE, JOE 1515 RIDGEWOOD AVENUE HOLLY HILL, FL 32117	Name: Mike Wellendorf Street Address (P.O. Box Number is Not Acceptable) 1850 Kumquat DR. City: Edge Water FL FL 32132

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.

32141

SIGNATURE: Mike Wellendorf MIKE WELLENDORF 8-29-08
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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WELLENDORF, MIKE P O BOX 1365 EDGEWATER, FL 32132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WELLEDORF, DIANE P O BOX 1365 EDGEWATER, FL 32132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2008
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

386-423-7501

SIGNATURE: Mike Wellendorf MIKE WELLENDORF 8-29-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #