2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# P04000000118

Entity Name: CLASSIC PROPERTIES OF THE PALM BEACHES, INC.

Current Principal Place of Business:

4221 NORTHLAKE BOULEVARD
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

139 BROOKHAVEN CT
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

4221 NORTHLAKE BOULEVARD
PALM BEACH GARDENS, FL 33410

New Mailing Address:

139 BROOKHAVEN CT
PALM BEACH GARDENS, FL 33418

FEI Number: 20-0550926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACKSON, ROBYN C
9810 ALTERNATE A1A
SUITE 114
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

JACKSON, ROBYN C
139 BROOKHAVEN CT
PALM BEACH GARDENS, FL 33418 US

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.

SIGNATURE: ROBYN JACKSON 05/04/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JACKSON, ROBYN C
Address: 9810 ALTERNATE A1A #114
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DIR ( ) Delete
Name: JACKSON, WILLIAM S
Address: 139 BROOKHAVEN CT
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBYN JACKSON DIR 05/04/2009
Electronic Signature of Signing Officer or Director Date