

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000005909

1. Entity Name
KLASSIC CUSTOM CARPENTRY, INC.



FILED
Aug 18, 2008 08:00 AM
Secretary of State

Principal Place of Business
6721 LUMBERJACK LANE
OCOE, FL 34761

Mailing Address
6721 LUMBERJACK LANE
OCOE, FL 34761



06262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0593539

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, EUGENE
6721 LUMBERJACK LANE
OCOE, FL 34761

**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
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DAVIS, EUGENE
6721 LUMBERJACK LANE
OCOE, FL 34761

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

U000000957792
08/18/08-80002-022 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-08 407 383 9141

Date

Daytime Phone #