

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000028535**

1. Entity Name  
**CLASSIC INTERIOR RENOVATORS, INC.**



Principal Place of Business  
**3329 STATE RD 13 N  
SWITZERLAND, FL 32259**

Mailing Address  
**3329 STATE RD 13 N  
SWITZERLAND, FL 32259**



01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**86-1096692**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SLOTT, ARNOLD H  
SLOTT & BAKER  
334 E DUVAL ST  
JACKSONVILLE, FL 32202-2718**

**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  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000842452  
03/11/08-80831-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARPER, JAMES D 3329 STATE RD 13 N SWITZERLAND, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, MARSHALL L 1946 GREEN MEADOWS DR MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARPER, EMILY A 3329 SR 13 N SWITZERLAND, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUESS, JAMES L 4971 WINDMILL CT MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** James D Harper Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/08  
Date

904-234-8203  
Daytime Phone #