

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90051 008 ***150.00

DOCUMENT # P04000031780

1. Entity Name
CLASSIC BUILDING PRODUCTS INC



Principal Place of Business
**5430 MAULE WAY
WEST PALM BEACH, FL 33407**

Mailing Address
**P O BOX 16245
WEST PALM BEACH, FL 33416**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04052007 Chg-P CR2E034 (12/06)

4. FEI Number
74-3115404

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

**JOSEPH E. IACIOFOLI JR PA
5420 MAULE WAY
WEST PALM BEACH, FL 33407**

Name
Street Address (P.O. Box Number is Not Acceptable)
5420 MAULE WAY
City **FL** Zip Code

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
JARRIEL, ROBERT J
5420 MAULE WAY
WEST PALM BEACH, FL 33407**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

**VP
WICHTERMAN, THOMAS O
5420 MAULE WAY
WEST PALM BEACH, FL 33407**

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☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT J JARRIEL 4/17/07