2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P04000031780** 2008 JUL 23 AM II: 26 CLASSIC BUILDING PRODUCTS INC SECRETARY OF STATE TALLAHASSEE.FLORIDY Principal Place of Business Mailing Address 5430 MAULE WAY P O BOX 16245 WEST PALM BEACH, FL 33416 WEST PALM BEACH, FL 33407 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04162008 Chq-P CR2E034 (12/06) 4. FEI Number City & State City & State App 74-3115404 Not a Zip Country Ζiρ Country **\$8.75** Additi 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOSEPH E. IACIOFOLI JR PA Street Address (P.O. Box Number is Not Acceptable) 5430 MAULE WAY WEST PALM BEACH, FL 33407 City Zip Code FI 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, ar 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 10. 11. TITLE Delete TITLE ☐ Change JARRIEL, ROBERT J NAME HALAF STREET ADDRESS 5420 MAULE WAY STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-ZIP TITLE Delete TITLE ☐ Change WICHTERMAN, THOMAS O MAME NAME STREET ADDRESS 5420 MAULE WAY STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-S1-7(P Delete TITLE ппғ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete nne Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deleta TITLE ☐ Change HALAF HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 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 E changed, or on an attachment with an address, with all other like empowered.

AVR