## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000110113

WOODS, SHERMING J

2214 JULIANA COURT

ST CLOUD, FL 34769 US

Name:

Address: City-St-Zip:

Entity Name: CLASSIC INSTALLATIONS SOLUTIONS, INC.

FILED Apr 30, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2214 JULIANA COURT ST CLOUD, FL 34769 US **Current Mailing Address: New Mailing Address:** P.O. BOX 452767 KISSIMMEE, FL 34745 US FEI Number: 65-1230934 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMALL ORGANIZATION SERVICES, INC 200 SOUTH WEST 24 AVENUE FT LAUDERDALE, FL 33312 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition WOODS, SHERMING J Name: Name: 2214 JULIANA COURT Address: Address: City-St-Zip: ST CLOUD, FL 34769 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: WOODS, SHERMING J Name: 2214 JULIANA COURT Address: Address: ST CLOUD, FL 34769 US City-St-Zip: City-St-Zip: Title: Title: TRFA ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SHERMING J WOODS P 04/30/2005