

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135934

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: CLASSIC PROPERTIES OF OCALA, INC

## Current Principal Place of Business:

4709 SE 102ND PLACE  
1  
BELLEVIEW, FL 34420

## New Principal Place of Business:

9810 ALTERNATE A1A  
114  
PALM BEACH GARDENS, FL 33410

## Current Mailing Address:

9810 ALTERNATE A1A  
114  
PALM BEACH GARDENS, FL 33410

## New Mailing Address:

FEI Number: 20-1643061      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACKSON, ROBYN C  
139 BROOKHAVEN CT  
PALM BEACH GARDENS, FL 33418      US

## Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete  
Name: JACKSON, ROBYN C  
Address: 139 BROOKHAVEN CT  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DIR ( ) Delete  
Name: BERTHEAME, ROBERT  
Address: 9810 ALTERNATE A1A 114  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DIR ( ) Delete  
Name: JACKSON, WILLIAM S  
Address: 9810 ALTERNATE A1A 114  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DIR ( ) Delete  
Name: BERTHEAME, ELIZABETH  
Address: 9810 ALTERNATE A1A 114  
City-St-Zip: PALM BEACH GARDENS, FL 33410

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: BERTHIEUME, ELIZABETH  
Address: 9810 ALTERNATE A1A 114  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: ROBYN JACKSON

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date