


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90358 040 ***150.00

DOCUMENT # P05000085505	
1. Entity Name CLASSIC AUTO WORKS, INC.	

Principal Place of Business 325 N. DELEWARE AVE. DELAND, FL 32720 US	Mailing Address 325 N. DELEWARE AVE. DELAND, FL 32720 US
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04012006 Chg-P R2E034 (11/05)

4. FEI Number 20-2996892	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORRIS, JANE E 1340 E. WINNEMISSETT AVE. DELAND, FL 32724		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, WILLIAM V JR	NAME	
STREET ADDRESS	1340 E. WINNEMISSETT AVE.	STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32724	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, JANE E	NAME	
STREET ADDRESS	1340 E. WINNEMISSETT AVE.	STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32724	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, WILLIAM V JR	NAME	
STREET ADDRESS	1340 E. WINNEMISSETT AVE.	STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32724	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, JANE E	NAME	
STREET ADDRESS	1340 E. WINNEMISSETT AVE.	STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32724	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, WILLIAM V JR	NAME	
STREET ADDRESS	1340 E. WINNEMISSETT AVE.	STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32724	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, JANE E	NAME	
STREET ADDRESS	1340 E. WINNEMISSETT AVE.	STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32724	CITY-ST-ZIP	

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: Jane E Morris JANE E. MORRIS, Vice Pres. 04/01/06 (386)943-2067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #