

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089482

FILED
Mar 25, 2008
Secretary of State

Entity Name: CLASS AND SONS ENTERPRISE, INC.

Current Principal Place of Business:

1308 CASTLEPORT RD.
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

1308 CASTLEPORT RD.
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 20-3213327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASS, MIGDOEL A
1308 CASTLEPORT RD.
WINTER GARDEN, FL 34787 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: CLASS, MIGDOEL A
Address: P.O. BOX 668315
City-St-Zip: MIAMI, FL 331668315

Title: VD () Delete
Name: CLASS, MIGDOEL
Address: P.O. BOX 668315
City-St-Zip: MIAMI, FL 331668315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CLASS, MIGDOEL A
Address: P.O. BOX 252
City-St-Zip: WINDERMERE, FL 34786

Title: VD (X) Change () Addition
Name: CLASS, MIGDOEL
Address: P.O. BOX 252
City-St-Zip: WINDERMERE, FL 34786

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: MIGDOEL A. CLASS

PD

03/25/2008

Electronic Signature of Signing Officer or Director

Date