2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P05000158961

Entity Name: CLASSIC PERFORMANCE & RESTORATION INC

Current Principal Place of Business:

1997 CR 246 S
OXFORD, FL 34484

New Principal Place of Business:

Current Mailing Address:

1997 CR 246 S
OXFORD, FL 34484

New Mailing Address:

P.O. BOX 119
SUMMERFIELD, FL 34492

FEI Number: 20-3880884 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIKENS, DEBORAH
1997 CR 246 S
OXFORD, FL 34484 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: D ( ) Delete
Name: LIKENS, DEBORAH
Address: 1997 CR 246 S
City-St-Zip: OXFORD, FL 34484

Title: D ( ) Delete
Name: LIKENS, PHILIP
Address: 1997 CR 246 S
City-St-Zip: OXFORD, FL 34484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DEBORAH LIKENS D 04/29/2008

Electronic Signature of Signing Officer or Director Date