

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90042 044 ***150.00

DOCUMENT # P05000163617 1. Entity Name NORMAN'S CLASSIC ELECTRIC, INC.					
Principal Place of Business 915 E. EAGLE AVE. <i>Change</i> EAGLE LAKE, FL 33839		Mailing Address P.O. BOX 747 <i>Change</i> EAGLE LAKE, FL 33839			
2. Principal Place of Business - No P.O. Box # 310 Martin Luther King St Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1158 Suite, Apt. #, etc.			
City & State Dundee, FL Zip 33830		City & State Dundee, FL Zip 33830		4. FEI Number 20-3943493 Applied For <input type="checkbox"/> Not Applicable	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BISHOP, WILLIAM F 915 E. EAGLE AVE. EAGLE LAKE, FL 33839			7. Name and Address of New Registered Agent Name BENJAMIN R NORMAN Street Address (P.O. Box Number is Not Acceptable) 310 Dr Martin Luther King St City Dundee FL Zip Code 33830		
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 <i>BENJAMIN R NORMAN</i> <i>Benjamin Norman 1-23-07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 P NAME BISHOP, WILLIAM F STREET ADDRESS 915 E. EAGLE AVE. CITY-ST-ZIP EAGLE LAKE, FL 33839	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME NORMAN, BENJAMIN R STREET ADDRESS 310 DR. MARTIN LUTHER KING STREET CITY-ST-ZIP DUNDEE, FL 33838	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Benjamin Norman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1-23-07 Daytime Phone # (863) 412-6570		