

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90008 012 ***150.00

DOCUMENT # P06000004598

1. Entity Name
CLASSIC HOME REPAIRS & INSPECTIONS, INC.



Principal Place of Business
**307 LISA RD.
PALM BAY, FL 32907**

Mailing Address
**307 LISA RD.
PALM BAY, FL 32907**

40028665



DO NOT WRITE IN THIS SPACE

01312008 No Chg-P CR2E034 (11/05)

4. FEI Number **20-4100322** Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DELORENZO, VINCENT A
307 LISA RD.
PALM BAY, FL 32907**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
DELORENZO, VINCENT A
307 LISA RD. NE
PALM BAY, FL 32907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KIRK, MICHELE A
307 LISA RD NE
PALM BAY, FL 32907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Michele A. Kirk **Michele A. Kirk**

2/10/08

321-952-0905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #