


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000039802

1. Entity Name
CLASSIC CARE SERVICES, INC.



FILED

08 MAY 30 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
114 FLEETWOOD AVENUE 114 FLEETWOOD AVENUE
TALLAHASSEE, FL 32305 TALLAHASSEE, FL 32305



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
106 Sunflower Rd *106 Sunflower Road*
Suite, Apt. #, etc. Suite, Apt. #, etc.

05302008 Chg-P CR2E034 (12/06)

City & State City & State
Tallahassee, FL *Tallahassee FL*
Zip Country Zip Country
32305 *32305*

4. FEI Number Applied For
59-3592534 Not Applicable

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

6. Name and Address of Current Registered Agent
FIELDS, OLLIE
114 FLEETWOOD AVENUE
TALLAHASSEE, FL 32305

7. Name and Address of New Registered Agent
Name *Fields, Ollie*
Street Address (P.O. Box Number is Not Acceptable)
106 Sunflower Road
City *Tallahassee* FL Zip Code *32305*

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FIELDS, OLLIE	
STREET ADDRESS	114 FLEETWOOD AVENUE	
CITY - ST - ZIP	TALLAHASSEE, FL 32305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Ollie Fields</i>
STREET ADDRESS	<i>106 Sunflower Road</i>
CITY - ST - ZIP	<i>Tallahassee, FL 32305</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100131407681
STREET ADDRESS	06/17/08--01017--005 **150.00
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Ollie Fields* Date: *5/30/08* Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR