

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24009

FILED
Mar 30, 2007
Secretary of State

Entity Name: CLASSIC INDUSTRIAL SERVICES, INC.

Current Principal Place of Business:

6748 COMPLEX DRIVE
BATON ROUGE, LA 70809

New Principal Place of Business:

Current Mailing Address:

6748 COMPLEX DRIVE
BATON ROUGE, LA 70809

New Mailing Address:

FEI Number: 72-1113028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: VINING, CHARLES B.,
Address: 744 WOODVIEW CT.
City-St-Zip: BATON ROUGE, LA 70810

Title: SD () Delete
Name: BEADIE, WILLIAM M
Address: 1301 L'ORIENT DRIVE
City-St-Zip: SAINT PAUL, MN 55117

Title: VP () Delete
Name: BROUGEOIS, ROY P
Address: 2990 LEEDS GARDEN LANE
City-St-Zip: ALPHARETTA, GA 30022

Title: T () Delete
Name: RACHEY, LOREN
Address: 2366 ROSE PLACE
City-St-Zip: SAINT PAUL, MN 55113

Title: D () Delete
Name: ANDERSON, LEE R
Address: 1301 L'ORIENT DR.
City-St-Zip: SAINT PAUL, MN 55117

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: BOURGEOIS, ROY P
Address: 2990 LEEDS GARDEN LANE
City-St-Zip: ALPHARETTA, GA 30022

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

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

Title: VP () Change (X) Addition
Name: BEUERLE, MARK L
Address: 17341 MONITOR AVENUE
City-St-Zip: BATON ROUGE, LA 70817

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES B. VINING

P

03/30/2007

Electronic Signature of Signing Officer or Director

_____ Date