## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P9300008032  1. Entity Name CLASSIC FABRICS INC.					Secretary of State 04-28-2008 90363 012 ***150.00			
Principal Plac	e of Business	Mailing Address		·A1				
		115 E. MASON AVENUE Daytona Beach, FL 321	15 E. MASON AVENUE Daytona Beach, FL 32117		R (2122 1811 PS18) SP16 ES	<b>a</b> ali <b>as</b> iit <b>as</b> iaa (siia <b>as</b> ias (siia (si	EJTR! JI (SP)	
2. Principal P	Tace of Business No P.O. Box #	3. Mailing Address 529 Bevilk	529 Beville Kd					
Suite, Apt.	#, eic.	Suite, Apt. #, etc.		04242008	Chg-P	CR2E034 (12/06)		
South Dayton, FL, Sity & State Dayto			tone Fi	4. FEI Numb 59-316		<b>⊢</b>	oplied For ot Applicable	
2ip 7/19	Country /		Country		of Status Desired	\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent				7. Name and	Address of New I			
NOLLEY BARRARA							•	
HOLLEY, BARBARA K   217 ARLINGTON AVE   DAYTONA BEACH, FL 32114			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	е	
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 Parlo and S. Holkey Signature, typed or printed name of registered agent and title (Papiscable (NOTE: Registered Agent signature required when reinstating)  DATE								
SIGNATOTIL	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE: Rec	gistered Agent eignature requ	uired when reinstating)	/ A	DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees								
10.	OFFICERS AND D		11.	ADDITIONS,	CHANGES TO OF	FICERS AND DIRECTORS	S IN 11	
TITLÉ NAME	PTD HOLLEY, BARBARA K	☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS	217 ARLINGTON AVENUE		STREET ADDRESS					
CITY-ST-ZIP	DAYTONA BEACH, FL		CITY-ST-ZIP					
TITLE NAME	VSD HOLLEY, ROBERT M	☐ Delete	IIITE			☐ Change	Addition	
STREET ADDRESS	217 ARLINGTON AVENUE	NAME Street Adoress						
CITY-ST-ZIP	DAYTONA BEACH, FL		CITY-ST-ZIP					
TITLE NAME		Delete	TITLE			☐ Change	Addition	
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME Street address		ŀ	STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME Street Address		Į.	NAME STREET ADDRESS					
CITY-ST-ZIP		1	CITY-ST-ZIP					
12. I hereby o	ertify that the information supplied with t	his filing does not qualify for the		ned in Chapter 119	). Florida Statutes, 1	I further certify that the in	nformation	

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:

Bulara & Holley

4-24-08

Daytime Phone #