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CLASSIC HORES AND REMODELERS, INC.			04000017		ORPORA	TIONS		ur y	01 0	lat
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Principal Proce of Business     Za.     Maling Address     Za.     Address		ACH FL 33401	WES		3401-5911					
Ball     Sullin, Apti 4, etc.     Sullin, Apti 4, etc.     Sullin, Apti 4, etc.       City & State     City 4, State     City 4, State     City 6, State       City 4, State     City 4, State     E. Election Campaign Financing     \$5.00 key B4       Appi     Zp     Zp     Country     Zp       Zp     Zp     Country     Zp     Country     State       Zp     Zp     Country     Zp     Country     Name and Address of New Registered Agent       RAAPCORT, JONNTHAN F     20     30     Finite corporation is liability for interglobilities under is 199 022.       Forticetant Balance     Finite corporation is liability for interglobilities under is 199 022.     Finite difficult Balance       WEST PALM BEACH FL 33409     Bit     Name       Putterniter Whit, and occupit to build of Grading Statelakes, the doponation bound of Gradines to Not Acceptable)     Bit       State in the provisions of Scattore 07 COC 2007 and 501 1505. Fords Statelake Statement for the purpose of changing its registered Agent     Bit       NATURE     Difference on the doponation Statement for the purpose of changing its registered Agent     Difference on the doponation Statement for the purpose of changing its registered Agent       NATURE     Difference on the doponation Statement for the purpose of changing its registered Agent     Difference on the doponation Statement for the purpose of changing its registered Agent       Putzestrat			US							eport
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Chy & Stale  Chy &	Suite, Apt #,	, elc.	<b>\</b>	Suite, Apt. #, etc.			5. Certificate of Status Desired			
Zp         Country         Zp         Country         8. This corporation has liability for sharopolic has under is. 199 002, provide Statuses         No         No                A. Mare and Address of Current Registered Agent              10. Ware and Address of New Registered Agent              11. Ware and Address of New Registered Agent              10. Ware and Address of New Registered Agent Agent agest and ware of Registered Agent Agent agest and ware address of New Registered Agent Agent agest and ware of Registered Agent Agent agest and ware of Registered Agent Agent agest agent agent and New Registered Agent Agent agest agent	City & State	·····		City & State						
	Zip		try Z	lip .		try	8. This corporation has liability for	intangible	tax under s.	
2701 TECUMSEH DRVE WEST PALM BEACH FL 33409      270	0101	9. Name and Add	ess of Current Registe	red Agent		R1 Namo				
WEST PALM BEACH FL 33409         83           84         City         FL         B5         Zip Code           FV/suent to the provisions of Sactions 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent i and image was authorized by the corporation's beard of directors. I hereby accept the dappointment as registered agent i and image with a dappointment of the purpose of changing its registered agent i and image with a dappointment of section 607.0505. Fordia Statutes.         DMIT           INATURE         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           INATURE         D         DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           INATURE         Intract         Intract         Intract         Intract           VEST PALM BEACH FL 33409         DIRECTORS         13.51RET ADDRSS         Intract         Intract           21.20         WEST PALM BEACH FL 33409         Intract         Intract         Intract         Intract           12.400FSS         DELETE         11.11RE         Intract         Intract         Intract           23.20         WEST PALM BEACH FL 33428         2.400FST-200         Intract         Intract         Intract           44 dotters         DELETE         11.11RE         Intract	2701	TECUMSEH DRIVI					dress (P.O. Box Number is Not Accenta	ble)		
Production         City         El         61         Zip Code           Production         Function         Electron	WEST	r palm beach fl	. 33409							
Pursisent to the provisions of Societions 607 0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent 1 and tanking with and accept the obligations of Societion 607 Society. Florida Statutes. NATURE Segment of the provide name of inguined agent and the florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent 1 and tanking with and accept the obligations of Society 6007 Society. Florida Statutes. NATURE Segment of the provide name of inguined agent and the florida Statutes. NATURE OFFICERS AND DIRECTORS						53				
NATURE by data types or printed name of negatives agoint or 5 for Plagskelable OFFICERS AND DIRECTORS I OFFICERS I OFFICER I OFFIC	•							C I	85 Zip (	Code
OFFICERS AND DIRECTORS         18.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           C         D         Intrue	<ul> <li>office or red</li> </ul>	distered agent or bo	th, in the State of Florida	. Such change was a	es, the ab	B4 City	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of	changing it	s registered
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ELADDRESS ST-ZIP L do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that that an efficient or function of the competition or the receiver or trustee empowered to execute this report as required by Chaoter 602. Florida Statutes, and that my have the same legal effect as if made under oath; that that an execute this report for supplemental annual report or trustee empowered to execute this report as required by Chaoter 602. Florida Statutes, and that my have the same legal effect as if made under oath; that the same legal effect as if made under oath; that that the same legal effect as if made under oath; that the same legal ef	office or reg agent 1 am NATURE 5 E1 ADDRESS -S1-21P E1 ADDRESS -S1-21P E1 ADDRESS -S1-21P E1 ADDRESS -S1-21P E1 ADDRESS -S1-21P	gistered agent, or bo familiar with, and ac agnature typed or product na RAPAPORT, JOH/ 2701 TECUMSEH WEST PALM BEA D PUZZITIELLO, RA 11110 DELTA CIR	th, in the State of Florida iccept the obligations of S ne of registered agent and the If a OFFICERS AND DIRECT ATHAN F DR CH FL 33409 YMOND J ICLE	Such change was a Section 607.0505, Fic applicable (NOTH ORS DELETE	Es, the ab uthorized rida Statu 13. 1.1 Til 12 NA 13 STH 14 CIT 2 1 Til 2 2 NA 2 3 STH 2 4 CIT 3.3 STH 3.4 CIT 4.1 Til 4.2 NA 3.3 STH 3.4 CIT 4.1 Til 4.2 NA 4.3 STH 4.4 CIT 5.1 TIT	B4     City       ove-named coi by the corporates.       Agent signature requires.       Agent signature requires.       E       AE       EET ADDRESS       Y-ST-ZIP       .E       AE       EET ADDRESS       Y-ST-ZIP       .E       AE       EET ADDRESS       Y-ST-ZIP       .E       ME       IEET ADDRESS       Y-ST-ZIP       .E	ation's board of directors. I hereby acce ured when reinstaing)	purpose of pt the appr DATE	changing it bintment as DIRECTOR Change Change	s registered registered S IN 12 Addition Addition
6.2 NAME     6.3 STREET ADDRESS     6.4 CITY-ST-ZIP     1 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the     information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that     that an an efficient or director of the competition or the receiver or trustee empowered to execute this report as required by Chaoter 602. Florida Statutes, and that my name	office or reg agent 1 am NATURE 5 E ELADDRESS -S1-20° E ELADDRESS -S1-20° E ELADDRESS -S1-20° E ELADDRESS -S1-20° E ELADDRESS -S1-20° E	gistered agent, or bo familiar with, and ac agnature typed or product na RAPAPORT, JOH/ 2701 TECUMSEH WEST PALM BEA D PUZZITIELLO, RA 11110 DELTA CIR	th, in the State of Florida iccept the obligations of S ne of registered agent and the If a OFFICERS AND DIRECT ATHAN F DR CH FL 33409 YMOND J ICLE	Such change was a Section 607.0505, Fic applicable (NOTH ORS DELETE	ER CONTRACTOR OF	B4     City       ove-named coi by the corporates.       Agent signature requires.       Agent signature requires.       E       AE       EET ADDRESS       Y-SY-ZIP       LE       AE       EET ADDRESS       Y-SY-ZIP       LE       AE       EET ADDRESS       Y-SY-ZIP       LE       ME       IEET ADDRESS       Y-ST-ZIP	ation's board of directors. I hereby acce ured when reinstaing)	purpose of pt the appr DATE	changing it bintment as DIRECTOR Change Change	s registered registered S IN 12 Addition Addition
-ST-ZIP T do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that tags an officer or director of the concortion or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name	office or reg agent Lam SNATURE S E ELADDRESS -SL-ZIP E ELADDRESS -SL-ZIP E E ELADDRESS -SL-ZIP E E ELADDRESS -SL-ZIP E E E ELADDRESS -SL-ZIP	gistered agent, or bo familiar with, and ac agnature typed or product na RAPAPORT, JOH/ 2701 TECUMSEH WEST PALM BEA D PUZZITIELLO, RA 11110 DELTA CIR	th, in the State of Florida iccept the obligations of S ne of registered agent and the If a OFFICERS AND DIRECT ATHAN F DR CH FL 33409 YMOND J ICLE	Such change was a Section 607.0505, Fic ORS	ER CONTRACTOR OF	B4     City       ove-named coi by the corporates.       Agent signature requires.       Agent signature requires.       AE       EET ADDRESS       Y-SY-ZIP       LE       AE       EET ADDRESS       Y-SY-ZIP       LE       AE       EET ADDRESS       Y-SY-ZIP       LE       ME       LET ADDRESS       Y-ST-ZIP       LE       ME       LET ADDRESS       Y-ST-ZIP       LE       ME       EET ADDRESS       Y-ST-ZIP       LE       ME       EET ADDRESS       Y-ST-ZIP       LE       ME       EET ADDRESS       Y-ST-ZIP	ation's board of directors. I hereby acce ured when reinstaing)	purpose of pt the appr DATE	changing it bintment as DIRECTOR Change Change Change	s registered registered S IN 12 Addition Addition
I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certily that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that have an execute the converted by Chapter 807 Electrad Statutes, and that my name	office or regardent Lam           agent Lam           SNATURE           E           E           E           E           E           E           E           E           E           E           E           E           E           FI ADDRESS           SI-7/P           E           E           E           E           E           SI-7/P           E           E           E           SI-7/P           F           E           E           E           E           E           E           E           E           E           E           E           E           E           E           E           E           E           E           E	gistered agent, or bo familiar with, and ac agnature typed or product na RAPAPORT, JOH/ 2701 TECUMSEH WEST PALM BEA D PUZZITIELLO, RA 11110 DELTA CIR	th, in the State of Florida iccept the obligations of S ne of registered agent and the If a OFFICERS AND DIRECT ATHAN F DR CH FL 33409 YMOND J ICLE	Such change was a Section 607.0505, Fic ORS	23 STI 24 CT 23 STI 34 CT 41 TT 42 NA 33 STI 34 CT 41 TT 42 NA 33 STI 34 CT 41 TT 42 NA 33 STI 34 CT 41 TT 51 TT 52 NA 53 STI 54 CT 51 TT 52 NA 53 STI 54 CT 51 TT 52 NA	B4     City       Dve-named cop by the corporates       B4     City         Agent signature requires         LE         AE         EET ADDRESS         Y - ST - ZIP         LE         AE         EET ADDRESS         Y - ST - ZIP         LE         ME         LET ADDRESS         Y - ST - ZIP         LE         ME         LE F         ME         LE F         ME         LE F         ME         LE ADDRESS         Y - ST - ZIP         LE ADDRESS         Y - ST - ZIP         LE ADRESS         Y - ST - ZIP         LE ADRESS         Y - ST - ZIP         LE         ME         EET ADDRESS         Y - ST - ZIP         LE         ME         EET ADDRESS	ation's board of directors. I hereby acce ured when reinstaing)	purpose of pt the appr DATE	changing it bintment as DIRECTOR Change Change Change	s registered registered S IN 12 Addition Addition
information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that tan an officer or director of the composition or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Signities, and that my name	office or reg agent Lam SNATURE S E E E E E E E E E E E E E E E E E E	gistered agent, or bo familiar with, and ac agnature typed or product na RAPAPORT, JOH/ 2701 TECUMSEH WEST PALM BEA D PUZZITIELLO, RA 11110 DELTA CIR	th, in the State of Florida iccept the obligations of S ne of registered agent and the If a OFFICERS AND DIRECT ATHAN F DR CH FL 33409 YMOND J ICLE	Such change was a Section 607.0505, Fic ORS	23 STI 23 STI 24 CTI 23 STI 24 CTI 24 CTI 25 NAI 23 STI 24 CTI 31 TIT 32 NAI 33 STI 34 CTI 41 TIT 4 2 NAI 33 STI 34 CTI 51 TIT 52 NAI 53 STI 54 CTI 54 CT	B4     City       Dve-named cop by the corporates.       Agent signature requires.       AE       EET ADDRESS       Y - SY - ZIP       LE       AE       EET ADDRESS       Y - SY - ZIP       LE       AE       EET ADDRESS       Y - SY - ZIP       LE       ME       EET ADDRESS       Y - ST - ZIP       LE       ME       EET ADDRESS       Y - ST - ZIP       LE       ME       EET ADDRESS       Y - ST - ZIP       LE       ME       EET ADDRESS       Y - ST - ZIP       LE       ME       EET ADDRESS       Y - ST - ZIP       LE       ME       EET ADDRESS       Y - ST - ZIP       LE       ME       WE	ation's board of directors. I hereby acce ured when reinstaing)	purpose of pt the appr DATE	changing it bintment as DIRECTOR Change Change Change	s registered registered S IN 12 Addition Addition
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