


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 15, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # P94000020887</b> 1. Entity Name <b>CLASS REALTY, INC.</b>					
Principal Place of Business <b>620 BYPASS DR. CLEARWATER FL 34624</b>			Mailing Address <b>620 BYPASS DR. CLEARWATER FL 34624</b>		
2. Principal Place of Business Suite, Apt #, etc			3. Mailing Address Suite, Apt #, etc		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3230225</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SPITHOYANIS, MICHAEL 620 BYPASS DR. CLEARWATER FL 34624</b>				7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004. Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div>           9. Election Campaign Financing            Trust Fund Contribution. <input type="checkbox"/> </div> <div> <b>\$5.00</b> May Be Added to Fees         </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>SPITHOYANIS, MICHAEL</b> <b>2135 MCKINLEY ST</b> <b>CLEARWATER FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <b>U000000088928</b>  <b>03/15/04-80071-011 150.00</b> </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>SPITHOYANIS, COSTA</b> <b>7024-3RD. AVE.</b> <b>BROOKLYN NY 11209</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>SPITHOYANIS, EUGENIA</b> <b>7024-3RD. AVE</b> <b>BROOKLYN NY 11209</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete         </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete         </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
<div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE:</b> _____  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <b>MICHAEL Spithoyanis</b>  <small>Date</small> </div> <div> <b>727-797-7500</b>  <small>Daytime Phone #</small> </div> </div>					



MOORE CR2E034 (11/03)