


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000093557</b>	
1. Entity Name <b>CLASSIC AUTO INTERIORS &amp; ACCESSORIES, INC.</b>	

Principal Place of Business <b>4901 N ARMENIA AVENUE TAMPA, FL 33603 US</b>	Mailing Address <b>4901 N ARMENIA AVENUE TAMPA, FL 33603 US</b>
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02242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3289278</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>FRITZ, JOSEPH R 4204 N NEBRASKA AVENUE TAMPA, FL 33603</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRITZ, JOSEPH R 4204 N NEBRASKA AVENUE TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAVARRIA, MERY JO 4204 NORTH NEBRASKA AVENUE TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, JOYCE 4901 N ARMENIA AVE TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/27/04-80035-008 150.00

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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)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

*Joyce White*

2/24/04 (813) 8055