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May 05, 2005 8:00 am
Secretary of State
05-05-2005 90115 040 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000093557

1. Entity Name
CLASSIC AUTO INTERIORS & ACCESSORIES, INC.

Principal Place of Business	Mailing Address
4901 N ARMENIA AVENUE TAMPA, FL 33603 US	4901 N ARMENIA AVENUE TAMPA, FL 33603 US

50049661

DO NOT WRITE IN THIS SPACE

05022005 No Chg-P CR2E094 (10/03)

4. FEI Number
59-3289278
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRITZ, JOSEPH R
4204 N NEBRASKA AVENUE
TAMPA, FL 33603

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

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

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: Joyce White President 5-2-05 (813)875-8055
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #