

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90136 012 ***150.00

DOCUMENT # P95000014981

1. Entity Name
CLASSIC FINANCIAL SYSTEMS, INC.



40045665



Principal Place of Business
1637 METROPOLITAN AVE
1-A
TALLAHASSEE, FL 32308

Mailing Address
1637 METROPOLITAN AVE
1-A
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3297957

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARNIK, JAYANT D
1637 METROPOLITAN AVE
1-A
TALLAHASSEE, FL 32308

Name
SHEILA EDWARDS

Street Address (P.O. Box Number is Not Acceptable)
1637 METROPOLITAN AVE

A-1

City
TALLAHASSEE

FL

Zip Code
32308

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

Sheila Edwards

Secy/Treas

3/26/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PM
KARNIK, JAYANT
1535 PAUL RUSSELL
TALLAHASSEE, FL 32302 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
P/M
CHARLES DUGGAN
58 MASSACHUSETTS AVE
MCLEAN, VA 22101 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
V
EILEEN DUGGAN
58 MASSACHUSETTS AVE
MCLEAN, VA 22101 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
S/T
SHEILA EDWARDS
3900 HIDDEN WATERS TRAIL
TALLAHASSEE, FL 32309 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
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CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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: *Sheila Edwards* SHEILA EDWARDS

3/26/07

850-385-8484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #