

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90228 003 \*\*\*150.00

<b>DOCUMENT # P95000035212</b> 1. Entity Name <b>CLASSIC SOUTH REAL ESTATE, INC.</b>			
Principal Place of Business <b>14320 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407</b>		Mailing Address <b>14320 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407</b>	
2. Principal Place of Business <b>760 JENKS AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>119 E SONATA CIRCLE</b> Suite, Apt. #, etc.	
City & State <b>PANAMA CITY FL</b> Zip Country <b>32401 USA</b>		City & State <b>PANAMA CITY BEACH FL</b> Zip Country <b>32413 USA</b>	
4. FEI Number <b>59-3311610</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>BARRON, CAROLYN G 14320 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407</b>		7. Name and Address of New Registered Agent Name <b>CAROLYN G BARRON</b> Street Address (P.O. Box Number is Not Acceptable) <b>119 E SONATA</b> City <b>PANAMA CITY FL</b> Zip Code <b>32413</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BARRON, DORMAN L	NAME	
STREET ADDRESS	119 E SONATA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BARRON, CAROLYN G	NAME	
STREET ADDRESS	119 E SONATA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <b>Dorman L Barron</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>4-27-04 850 215-2134</b> Date Daytime Phone #	