


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000047033</b>	
1. Entity Name <b>CLASSIC TRIM INC.</b>	

Principal Place of Business <b>7457 COMMERCIAL CIR FORT PIERCE, FL 34951 US</b>	Mailing Address <b>7457 COMMERCIAL CIR FORT PIERCE, FL 34951 US</b>
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04082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0597542</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DISISTO, FERNANDO  
7457 COMMERCIAL CIR  
FORT PIERCE, FL 34951**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

000000533912  
05/06/06-80142-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DISISTO, FERNANDO 7457 COMMERCIAL CIR FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DISISTO, LEONARDO 7457 COMMERCIAL CIR FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DISISTO, MARIA 7457 COMMERCIAL CIR FORT PIERCE, FL 34951
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 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: *Maria Disisto* 4/18/06 *772-966-68*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #