

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000058043

FILED
May 14, 2004
Secretary of State

Entity Name: TROMPE L'OEIL CLASSIQUE, INC.

Current Principal Place of Business:

1540 SAWGRASS VILLAGE DR
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

1540 SAWGRASS VILLAGE DR
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-3326794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANKOWSKI, MARY L
1540 SAWGRASS VILLAGE DR.
PONTE VEDRA BEACH, FL 32082

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JANKOWSKI, MARY L
Address: 1540 SAWGRASS VILLAGE DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: RAMIREZ, SHERI
Address: 1540 SAWGRASS VILLAGE DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOU JANKOWSKI

D

05/14/2004

Electronic Signature of Signing Officer or Director

_____ Date