


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90007 004 ***150.00

DOCUMENT # P95000083561

1. Entity Name
THOMAS PACCONI CLASSICS, INC.



Principal Place of Business Mailing Address

1400 NORTHPOINT PARKWAY **1400 NORTHPOINT PARKWAY**
SUITE 100 **SUITE 100**
WEST PALM BEACH, FL 33407 **WEST PALM BEACH, FL 33407** **US** **US**

2. Principal Place of Business 3. Mailing Address

751 PARK OF COMMERCE DR. **751 PARK OF COMMERCE DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 126 **SUITE 126**



01072004 Chg-P CR2E034 (10/03)

City & State City & State

BOCA RATON, FL **BOCA RATON, FL**
 Zip Country Zip Country
33487 **USA** **33487** **USA**

4. FEI Number Applied For

65-0624381 Not Applicable

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

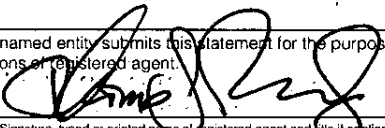
6. Name and Address of Current Registered Agent

ELLER, C.CRAIG
1400 NORTHPOINT PARKWAY
SUITE 100
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent

Name: **PACCONI, THOMAS J. JR.**
 Street Address (P.O. Box Number is Not Acceptable): **751 PARK OF COMMERCE DRIVE**
SUITE 126
 City: **BOCA RATON** FL Zip Code: **33487**

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, the registered agent.

SIGNATURE:  **THOMAS J. PACCONI JR, PRESIDENT** DATE: **1/7/04**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

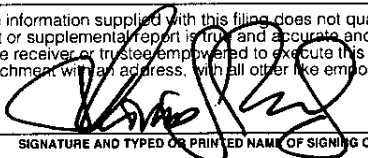
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PACCONI, THOMAS SR.	
STREET ADDRESS	1400 NORTHPOINT PKWY SUITE 100	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	PACCONI, THOMAS J JR.	
STREET ADDRESS	1400 NORTHPOINT PKWY SUITE 100	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	P	<input type="checkbox"/> Delete
NAME	PACCONI, THOMAS J. JR	
STREET ADDRESS	1400 NORTHPOINT PKWY SUITE 100	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PACCONI, THOMAS J. SR	
STREET ADDRESS	1400 NORTHPOINT PKWY SUITE 100	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	S	<input type="checkbox"/> Delete
NAME	PACCONI, THOMAS J SR	
STREET ADDRESS	1400 NORTHPOINT PKWY SUITE 100	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	T	<input type="checkbox"/> Delete
NAME	PACCONI, THOMAS J. SR	
STREET ADDRESS	1400 NORTHPOINT PKWY SUITE 100	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:  **PRESIDENT THOMAS J. PACCONI JR.** DATE: **1/7/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

561-886-1980