2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000062451

1. Entity Name
CLASSIC CONNECTIONS, INC.

Principal Place of Business	Mailing Address
2640 SE 157TH LN RD SUMMERFIELD, FL 34491	2640 SE 157TH LN RD SUMMERFIELD, FL 34491

DO NOT WRITE IN THIS SPACE

01102006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0691229	Not Applicable

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

6. Name and Address of Current Registered Agent

KILCHER, PAUL J
2640 SE 157TH LANE RD
SUMMERFIELD, FL 34491

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 _____

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, 2006 Fee will be $550.00

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

II00000414548
02/11/06-90040-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KILCHER, PAUL J
STREET ADDRESS	2640 SE 157TH LN RD
CITY-ST-ZIP	SUMMERFIELD, FL

TITLE	D
NAME	KILCHER, DEBORAH A
STREET ADDRESS	2640 SE 157TH LN RD
CITY-ST-ZIP	SUMMERFIELD, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Deborah A. Kilcher*   Deborah A. Kilcher

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

1/24/06   352-307-5015