


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P96000099814 1. Entity Name CLASSIC PROPERTIES OF CENTRAL FLORIDA, INC. |  |
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| Principal Place of Business 2020 WINTER SPRINGS BLVD OVIEDO, FL 32765 US | Mailing Address 2020 WINTER SPRINGS BLVD OVIEDO, FL 32765 US |
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01092004 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 59-3418682 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

DAVIS, CELITA B
2020 WINTER SPRINGS BLVD
OVIEDO, FL 32765

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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 _____
Signature, typed or printed name of registered agent and title if applicable

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 NAME STREET ADDRESS CITY-ST-ZIP | T SEWARD, DOUGLAS P 2020 WINTER SPGS BLVD. OVIEDO, FL 32765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DAVIS, ALAN D 2020 WINTER SPGS BLVD. OVIEDO, FL 32765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DAVIS, CELITA B 2020 WINTER SPGS BLVD. OVIEDO, FL 32765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SMITH, JULIE E 2060 WINTER SPRINGS BLVD OVIEDO, FL 32765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/16/04-80045-007 150.00

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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 Date: 1/12/04 Daytime Phone #: 407-368-7585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR