

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000099814
 1. Entity Name
 CLASSIC PROPERTIES OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address
 2020 WINTER SPRINGS BLVD 2020 WINTER SPRINGS BLVD
 OVIEDO, FL 32765 US OVIEDO, FL 32765 US



DO NOT WRITE IN THIS SPACE

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3418682 Not Applicable

5. Certificate of Status Desired \$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, 2005 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Alan D Davis ALAN D. DAVIS 1/4/05 407-366-7585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #