


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2006 08:00 AM**  
**Secretary of State**

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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**DO NOT WRITE IN THIS SPACE**



01032006 No Chg-P CR2E034 (11/05)

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

**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 \_\_\_\_\_ (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

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	

**DO NOT WRITE IN THIS SPACE**

00000378825  
 01/06/06-80025-001 150.00

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: ALAN D. DAVIS  1/3/06 407-971-0044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR