2007 FOR PROFIT CORPORATION

Jan 16, 2007 8:00 am Secretary of State ANNUAL REPORT 01-16-2007 90197 046 ***150.00 **DOCUMENT # P96000099814** CLASSIC PROPERTIES OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 60001879 2020 WINTER SPRINGS BLVD 2020 WINTER SPRINGS BLVD OVIEDO, FL 32765 OVIEDO, FL 32765 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3418682 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVIS, CELITA B Street Address (P.O. Box Number is Not Acceptable) 2020 WINTER SPRINGS BLVD OVIEDO, FL 32765 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition TITLE Delete SEWARD, DOUGLAS P NAME NAME 2020 WINTER SPGS BLVD. STREET ADDRESS STREET ADDRESS OVIEDO, FL 32765 CITY-ST-ZIP CITY-ST-782 ☐ Delete 🗹 Change ☐ Addition TITLE TITLE T DAVIS, ALAN D NAME NAME 2020 WINTER SPGS BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition DAVIS, CELITA B NAME NAME STREET ADDRESS 2020 WINTER SPGS BLVD. STREET ADDRESS OVIEDO, FL 32765 CITY-ST-7IP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE P NAME SMITH, JULIE E NAME 2060 WINTER SPRINGS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **OVIEDO, FL 32765** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ Defete

☐ Change

■ Addition

FILED