

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90015 044 ***150.00

DOCUMENT # P98000022479

1. Entity Name
CLASSIC ELECTRIC AND FIRE ALARM SERVICES INC.



Principal Place of Business
1253 UNIVERSITY DR.
339
CORAL SPRINGS, FL 33071

Mailing Address
1253 UNIVERSITY DR.
339
CORAL SPRINGS, FL 33071

34067301



01132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
934 University Drive
Suite, Apt. #, etc.
209

3. Mailing Address
934 University Dr
Suite, Apt. #, etc.
209

City & State
Coral Springs FL

City & State
Coral Springs FL

4. FEI Number
65-0827888 Applied For
Not Applicable

Zip
33071

Country
Broward

Zip
33071

Country
Broward

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

6. Name and Address of Current Registered Agent

MCDONOUGH, MICHAEL R
1253 UNIVERSITY DR., #339
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
934 University Drive
#209
City **Coral Springs** FL Zip Code **33071**

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 **Michael R McDonough**

(NOTE: Registered Agent signature required when reinstating)

3-1-04

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MCDONOUGH, MICHAEL R**
STREET ADDRESS **1253 UNIVERSITY DR., #339**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **McDonough, Michael R** ☒ Change ☐ Addition
NAME **934 University Dr. #209**
STREET ADDRESS **Coral Springs, FL 33071**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCDONOUGH, BETH L**
STREET ADDRESS **1253 UNIVERSITY DR., #339**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **McDonough, Beth L.** ☒ Change ☐ Addition
NAME **934 University Drive #209**
STREET ADDRESS **Coral Springs, FL 33071**
CITY-ST-ZIP

TITLE **David C Hall** ☒ Delete
NAME **934 University Dr #209**
STREET ADDRESS **Coral Springs, FL 33071**
CITY-ST-ZIP

TITLE **Hall, David** ☐ Change ☒ Addition
NAME **934 University Drive #209**
STREET ADDRESS **Coral Springs, FL 33071**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Michael R McDonough**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-04 954-484-0266

Date Daytime Phone #