


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2007 08:00 A
Secretary of State

DOCUMENT # P98000040026 1. Entity Name AMERICAN CLASSIC SECURITIES, INC.	
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Principal Place of Business 201 ATP TOUR BOULEVARD #150 PONTE VEDRA, FL 32082	Mailing Address 201 ATP TOUR BOULEVARD #150 PONTE VEDRA, FL 32082
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DO NOT WRITE IN THIS SPACE



05112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3063392	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LESNICK, IRVING I
150 EAST PALMETTO PARK ROAD
SUITE 500
BOCA RATON, FL 33432

**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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U000000764935
05/31/07-80010-021 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC POLICASTRO, GERALD 201 ATP TOUR BLVD STE 150 PONTE VEDRA, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, PETER R 201 ATP TOUR BLVD STE 150 PONTE VEDRA, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, PETER R 201 ATP TOUR BLVD STE 150 PONTE VEDRA, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SIELICKI, RICHARD F 201 ATP TOUR BOULEVARD #150 PONTE VEDRA, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIELICKI, RICHARD F 201 ATP TOUR BOULEVARD #150 PONTE VEDRA, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOST, KELLEY R 201 ATP TOUR BOULEVARD #150 PONTE VEDRA, FL 32082

**DO NOT WRITE
IN THIS SPACE**

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: KRBost 5-11-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #