

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P98000067091

1. Entity Name

THE CLASSIFIED GROUP, INC.



**FILED
Feb 11, 2004 8:00 am
Secretary of State**

01-30-2004 90069 024 ***150.00



MOORE CR2E034 (11/03)

Principal Place of Business
4428 PARMELY
PORT CHARLOTTE FL 33980

Mailing Address
P.O. BOX 512108
PUNTA GORDA FL 33951-2108

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-0853406 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**KUECHMANN, BRUCE
27194 SAN MARCO DR.
PUNTA GORDA FL 33983**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City Zip Code
FL

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

Bruce Kuechmann

(NOTE: Registered Agent signature required when renewing)

DATE

1/26/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD Delete
NAME BRUCE, KUECHMANN W
STREET ADDRESS 27194 SAN MARCO DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33983

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD Delete
NAME PATRICIA, KUECHMANN K
STREET ADDRESS 27194 SAN MARCO DR.
CITY-ST-ZIP PUNTA GORDA FL 33983

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

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: *Patricia Kuechmann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/06/04
941-743-6113



Attachment

46401644

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 3, 2004

THE CLASSIFIED GROUP, INC.
P.O. BOX 512108
PUNTA GORDA, FL 33951-2108

Subject: **THE CLASSIFIED GROUP, INC.**

Reference Number:

P98000067091

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RW

ANNUAL REPORTS SECTION