

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90414 006 ***150.00

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # P98000085044 1. Entity Name CLASSIC SOUTH SALES, INC. | | | | | |
| Principal Place of Business 760 JENKS AVE PANAMA CITY, FL 32401 | | | Mailing Address 119 E SONATA CIRCLE PANAMA CITY BEACH, FL 32413 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 760 JENKS AVE Suite, Apt. #, etc. | | | |
| City & State | | City & State PANAMA CITY FL | | 4. FEI Number 59-3534780 | |
| Zip | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BARRON, DORMAN L 119 E SONATA CIRCLE PANAMA CITY BEACH, FL 32413 | | | | 7. Name and Address of New Registered Agent Name Brian Barron Street Address (P.O. Box Number is Not Acceptable) 3928 Crescent Dr. City PANAMA CITY BEACH FL Zip Code 32408 | |
| 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 DATE 4-28-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BARRON, DORMAN L 119 E. SONATA CIRCLE PANAMA CITY BEACH, FL 32413 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T/VP Brian Barron 3928 Crescent Dr PANAMA CITY BEACH FL 32408 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARRON, DORMAN B 3928 CRESCENT PANAMA CITY, FL 32408 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Chad Barron 119 E SONATA PANAMA CITY BEACH FL 32413 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BARRON, CHAD D 119 E. SONATA CIRCLE PANAMA CITY BEACH, FL 32413 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BARRON, CAROLYN S 119 E SONATA CIRCLE PANAMA CITY, FL 32413 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BARRON, BRIAN D 3928 CRESCENT PANAMA CITY, FL 32408 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: | | | | 4-28-06 850-215-2734 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Date Daytime Phone #</small> | |