

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106484

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: CLASSIC KOOL DECKS, INC.

## Current Principal Place of Business:

373 OSOWAW BLVD.  
SPRING HILL, FL 34607

## New Principal Place of Business:

## Current Mailing Address:

373 OSOWAW BLVD.  
SPRING HILL, FL 34607

## New Mailing Address:

FEI Number: 59-3570984

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMMONS, VICTOR  
373 OSOWAW BLVD.  
SPRING HILL, FL 34607 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: MARTIN, MICHAEL  
Address: 3565 LIGONIER RD  
City-St-Zip: SPRING HILL, FL 34608

Title: V ( ) Delete  
Name: AMMONS, DEANA  
Address: 373 OSOWAW BLVD  
City-St-Zip: SPRING HILL, FL 34607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR H. AMMONS

PRES

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date