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**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000010630

1. Entity Name
CLASSIC ART SUPPLY HOUSE INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -8 PM 3:26

Principal Place of Business
**1585-1 GRETCHEN AVENUE SOUTH
LEHIGH ACRES, FL 33971**

Mailing Address
**1585-1 GRETCHEN AVENUE SOUTH
LEHIGH ACRES, FL 33971**

05/04/05 60703 009 14500 \$
00000106



DO NOT WRITE IN THIS SPACE

01072006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0891774

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PFEIFFER, JOHANN M
1585-1 GRETCHEN AVENUE SOUTH
LEHIGH ACRES, FL 33971**

**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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
PFEIFFER, JOHANN
1585-1 GRETCHEN AVENUE SOUTH
LEHIGH ACRES, FL 33971**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PFEIFFER JOHANN 1/7/06/239/369-2999

Date

Daytime Phone #

ATTACHMENT

2 of 2

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P99000010630

Classic Art Supply House Inc.
1585-1 Gretchen Ave. S.
Lehigh, FL 33971

Phone: 239-369-2999
Fax: 239-369-8817

Division of Corporations
P.O.Box 6198
Tallahassee, FL 32314

Gentlemen:

Attached please find the signed Annual Report for 2006.

Payment:

For the 2005 Report two payments of \$150.00 were processed through your web site.

The first one on April 28, 2005. This payment did not show as paid by April 30, 2005, consequently I processed another payment on April 30, 2005.

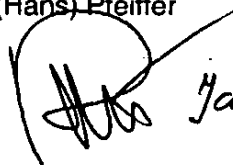
Please apply the overpaid amount of \$150.00 for the 2006 Report.
No funds were reimbursed by the State.

I will check the payment status within the next few weeks. If there are any questions, please contact the undersigned at above address.

Thank you for your cooperation!

Sincerely,

Classic Art Supply House Inc.
Johann (Hans) Pfeiffer

 Jan 7, 2006