

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000076206	
1. Entity Name CLASSIC CHRISTMAS TREES, INC.	

Principal Place of Business 4155 SNELL ROAD BARTOW FL 33830	Mailing Address 4155 SNELL ROAD BARTOW FL 33830
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

PREVATT, FLOYD 4155 SNELL ROAD BARTOW FL 33830

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	PREVATT, FLOYD	
STREET ADDRESS	4155 SNELL ROAD	
CITY - ST - ZIP	BARTOW FL 33830	
TITLE	VP	☐ Delete
NAME	PREVATT, FLOYD	
STREET ADDRESS	4155 SNELL ROAD	
CITY - ST - ZIP	BARTOW FL 33830	
TITLE	S	☐ Delete
NAME	PREVATT, CONNIE	
STREET ADDRESS	4155 SNEL ROAD	
CITY - ST - ZIP	BARTOW FL 33830	
TITLE	T	☐ Delete
NAME	PREVATT, CONNIE	
STREET ADDRESS	4155 SNELL ROAD	
CITY - ST - ZIP	BARTOW FL 33830	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	000000024905	
STREET ADDRESS	02/02/04-80084-011 150.00	
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
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: *FLOYD PREVATT* **1/28/04 863-337-2750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #