

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 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**



02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3594242

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PREVATT, FLOYD
4155 SNELL ROAD
BARTOW, FL 33830**

**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, 2005 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 PREVATT, FLOYD 4155 SNELL ROAD BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PREVATT, FLOYD 4155 SNELL ROAD BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PREVATT, CONNIE 4155 SNEL ROAD BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PREVATT, CONNIE 4155 SNELL ROAD BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/28/05-80033-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05 287-4518

Date

Daytime Phone #