## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE** 

## **FILED** Apr 05, 2007 08:00 Al Secretary of State DOCUMENT # P99000093367 1. Entity Name A CLASS APART, INC. Principal Place of Business Mailing Address 3090 SIXMA RD. 3090 SIXMA RD. **DELTONA FL 32738 DELTONA FL 32738** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. otc. Suite Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For 4. FEI Number City & State City & State 59-3561713 Not Applicable Country Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COMEAU, HEATHER M Street Address (P.O. Box Number is Not Acceptable) 3090 SIXMA RD. **DELTONA FL 32738** Zip Code City 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 reduced when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition Delete TITLE TITLE COMEAU, HEATHER M NAME NAME 3090 SIXMA RD SIBLET ADORESS STREET ADDRESS **DELTONA FL 32738** City-St-ZIP CITY - ST-ZIP Change ☐ AddItion HITE IIILE ☐ Delete U00000691382 04/13/07-80008-016 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP HHE Change Addition Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY - ST - 712 Defete IIILE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Change Addition ☐ Defete TIFLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CIFY-ST-7IP Change Addition | Delete IIIII THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST - 7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 adjactors with all other like empowered.