

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101755

FILED
Apr 11, 2007
Secretary of State

Entity Name: CLASSIC SCOOTER RENTAL, INC.

Current Principal Place of Business:

8307 THOMAS DR.
PANAMA CITY, FL 32408 US

New Principal Place of Business:

Current Mailing Address:

8307 THOMAS DR.
PANAMA CITY, FL 32408 US

New Mailing Address:

FEI Number: 59-3616219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESS, BRIAN D
9108 FRONT BCH RD.
PANAMA CITY, FL 32407 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: PS () Delete
Name: HAND, PERRY
Address: 7024 SOUTH LAGOON DRIVE
City-St-Zip: PANAMA CITY BCH, FL 32408 US

Title: T (X) Delete
Name: HAND, DOTTIE
Address: 7024 SOUTH LAGOON DRIVE
City-St-Zip: PANAMA CITY, FL 32408 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: HAND, PERRY
Address: 8307 THOMAS DRIVE
City-St-Zip: PANAMA CITY BCH, FL 32408 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PERRY HAND

PS

04/11/2007

Electronic Signature of Signing Officer or Director

_____ Date