

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90087 009 ***150.00

24006993



DOCUMENT # S12419 1. Entity Name CLASSIC AMERICAN HOMES, INC.					
Principal Place of Business 9309-1 OLD KINGS ROAD JACKSONVILLE, FL 32257 US			Mailing Address 9309-1 OLD KINGS ROAD BLDG #1 JACKSONVILLE, FL 32257 US		
2. Principal Place of Business 9141 Cypress Green Dr. <small>Suite, Apt., #, etc.</small> Suite 2 <small>City & State</small> Jacksonville, Florida <small>Zip</small> 32256		3. Mailing Address 9141 Cypress Green Drive <small>Suite, Apt., #, etc.</small> Suite 2 <small>City & State</small> Jacksonville, FL <small>Zip</small> 32256		01122004 Chg-P CR2E034 (10/03)	
<small>Country</small> USA		<small>Country</small> USA		4. FEI Number 59-3041381	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PAUL G. AXTELL 9309 OLD KING RD. S. #1 JACKSONVILLE, FL 32257			7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VP EDMONDS, JAMES J 9309-1 OLD KINGS ROAD JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	P, D AXTELL, PAUL G. 9309 OLD KINGS ROAD S. JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	P, D Paul G. Axtell 9141 Cypress Green Drive, #2 Jacksonville, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	ST, D KING, DAVID M 9309 OLD KINGS ROAD S. #1 JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	ST, D David M. King 9141 Cypress Green Drive, #2 Jacksonville, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	Jerry W. Davis D, VP 8210 Bahia Blanca Court Jacksonville, Florida 32256	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D, VP Jerry W. Davis 8210 Bahia Blanca Court Jacksonville, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: David M. King - David M. King <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-16-04 (904) 739-6007 <small>Date Daytime Phone #</small>		