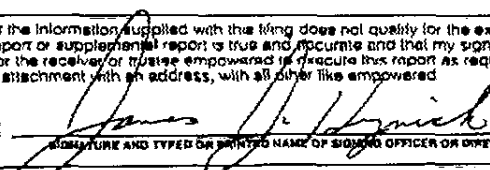


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # S64827 1. Entity Name CLASSY ANGEL, INC.			
Principal Place of Business 935 WEKIVA SPRINGS RD LONGWOOD, FL 32779		Mailing Address 935 WEKIVA SPRINGS RD. LONGWOOD, FL 32779	
DO NOT WRITE IN THIS SPACE			
		07012004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3082780		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HYNICK, JAMES J. 935 WEKIVA SPRINGS RD. LONGWOOD, FL 32779		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 resigning) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD HYNICK, JAMES JOHN 935 WEKIVA SPRINGS RD. LONGWOOD, FL 32779		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TURNER, DEBRA POLIS 935 WEKIVA SPRINGS RD. LONGWOOD, FL 32779		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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)(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 807, 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: 		7/1/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	