## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # S64827**

1. Entity Name
CLASSY ANGEL, INC.



FILED Apr 16, 2007 08:00 A Secretary of State

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

01122007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3082780 Not Applicable

5. Certificate of Status Desired

\$8.75 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

			• •	1,	· · · · · · · · · · · · · · · · · · ·	
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or b	oth, in the State of Florida. I am familiar with, and	accept
SIGNATURE.	Signature, typed or printed name of registered agent and title II	applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	·	\$5.00 May Be Added to Fees	000000707100 04/24/07-80062-004 150.00	
10.	OFFICERS AND DIREC	TORS			, , , , , , , , , , , , , , , , , , , ,	
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				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	;					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/26/07

407-862-900

Daytime Phone #