2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 167091

1. Entity Name
CL BUREAU, INC.

Principal Place of Business	Mailing Address
1801 SPEEDWAY BOULEVARD P.O. BOX 2875 DAYTONA BEACH, FL 32120-2875	1801 SPEEDWAY BOULEVARD P.O. BOX 2875 DAYTONA BEACH, FL 32120-2875

DO NOT WRITE IN THIS SPACE

02032004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0662418
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCE, WILLIAM C
1801 SPEEDWAY BLVD
DAYTONA BEACH, FL 32114

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRANCE, WILLIAM C
STREET ADDRESS	1600 S PENINSULA
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	EVPS
NAME	FRANCE, JAMES C
STREET ADDRESS	1147 NO HALIFAX
CITY-ST-ZIP	DAYTONA BCH, FL 32118
TITLE	T
NAME	BLEDSOE, THOMAS M
STREET ADDRESS	281 PACKWOOD ROADS
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	VP
NAME	KENNEDY, LESA D
STREET ADDRESS	1801 W. INTERNATIONAL SPEEDWAY BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	VP
NAME	FRANCE, BRIAN Z
STREET ADDRESS	1801 W. INTERNATIONAL SPEEDWAY BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	VPF
NAME	RUMERY, DORIS I
STREET ADDRESS	1801 W. INTERNATIONAL SPEEDWAY BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114

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02/23/04-80067-023 150.00

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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: _____ 2/9/04 386-239-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #