


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 840254
 1. Entity Name
 C. & J. CLARK RETAIL, INC.



Principal Place of Business Mailing Address
 620 SOUTH UNION ST 620 SOUTH UNION ST
 KENNETT SQUARE, PA 19348 US KENNETT SQUARE, PA 19348 US

DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 23-2051239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000948323
 06/02/08-80051-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SALZANO, J.R. 7 SEXTON FARM RD WALPOLE, MA 02081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOUCKLEY, MARK 6 PERRY STREET #6 BROOKLINE, MA 02445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP INFANTINO, R.J. 121 WINDSOR RD WABAN, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVID P GETTS 455 SHADY LN HUNTINGDON VALLEY, PA 19006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLLIGER, P 620 SOUTH UNION ST KENNETT SQUARE, PA 19348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: David P Getts 4/25/08 (610) 925-1783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #