2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H57719

FILED Apr 28, 2005 Secretary of State

Entity Name: CLERMONT RECREATION CENTER, INC.

urrent P	Principal Place of Business:	New Principal Place of Bus	siness:
WESTG	RENCE M. YUHA ATE PLAZA NT, FL 347112875		
urrent N	Mailing Address:	New Mailing Address:	
WESTG	RENCE M. YUHA IATE PLAZA NT, FL 347112875		
El Number	: FEI Number Applied For	() FEI Number Not Applicable (X) Cer	rtificate of Status Desired ()
ame and	d Address of Current Registered Ag	ent: Name and Address of New	Registered Agent:
	WRENCE M. FATE PLAZA		
LERMOI	NT, FL US	or the purpose of changing its registered office	e or registered agent, or both,
LERMOI	NT, FL US e named entity submits this statement for e of Florida.	or the purpose of changing its registered office	e or registered agent, or both,
LERMOI he above the Stati	NT, FL US e named entity submits this statement for e of Florida. RE: Electronic Signature of Register	red Agent	e or registered agent, or both, Date
LERMOI he above the Stati	NT, FL US e named entity submits this statement for e of Florida. RE:	red Agent	
LERMOI ne above the Stat IGNATU ection Ca	NT, FL US e named entity submits this statement for e of Florida. RE: Electronic Signature of Register	red Agent	
LERMOI ne above the Stat GNATU ection Ca	NT, FL US e named entity submits this statement for e of Florida. RE: Electronic Signature of Register mpaign Financing Trust Fund Contribution (red Agent (). ADDITIONS/CHANGES TO	Date
LERMONIA TO THE PROPERTY OF TH	e named entity submits this statement fe of Florida. RE: Electronic Signature of Register mpaign Financing Trust Fund Contribution (S AND DIRECTORS: DST () Delete YUHA, JOSEPH, 4 WESTGATE PLAZA	red Agent (). ADDITIONS/CHANGES TO Title: () Cha Name: Address: City-St-Zip:	Date OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANNY ROSS KRAJCIR PRES 04/28/2005