


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**


**DOCUMENT # P02000022004**

1. Entity Name  
**CLOC, INC.**



Principal Place of Business <b>6215 WILSON BLVD          JACKSONVILLE, FL 32210</b>	Mailing Address <b>P.O. BOX 7779          JACKSONVILLE, FL 32238</b>
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**DO NOT WRITE IN THIS SPACE**



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>01-0627881</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CRABTREE, R.R.  
 8777 SAN JOSE BLVD., BLDG. A, SUITE 200  
 JACKSONVILLE, FL 32217**

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY - ST - ZIP	PD HALL, PIKE III 138 MUIRFIELD DRIVE PONTE VEDRA BCH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TOWERS, W.B. JR. 6215 WILSON BLVD. JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD TOWERS, JOHN B 6215 WILSON BLVD. JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/05/04-80073-021 150.00

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:  **W.B. TOWERS, JR.** 4-30-04 904-778-1888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #