


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000022004 1. Entity Name CLOC, INC.	
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Principal Place of Business 6215 WILSON BLVD JACKSONVILLE, FL 32210	Mailing Address P.O. BOX 7779 JACKSONVILLE, FL 32238
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**DO NOT WRITE IN THIS SPACE**



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0627881	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  CRABTREE, R.R. 8777 SAN JOSE BLVD., BLDG. A, SUITE 200 JACKSONVILLE, FL 32217
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U00000558062  
05/17/06 00079 020 150.00

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  4-28-06 904-778-8888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #