

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022004

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: CLOC, INC.

## Current Principal Place of Business:

6215 WILSON BLVD  
JACKSONVILLE, FL 32210

## New Principal Place of Business:

138 MUIRFIELD DR.  
PONTE VEDRA BEACH, FL 32082

## Current Mailing Address:

P.O. BOX 7779  
JACKSONVILLE, FL 32238

## New Mailing Address:

P.O. BOX 3153  
PONTE VEDRA BEACH, FL 32004

FEI Number: 01-0627881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HALL, PIKE III  
Address: 138 MUIRFIELD DRIVE  
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: VD (X) Delete  
Name: TOWERS, W.B. JR.  
Address: 6215 WILSON BLVD.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: STD (X) Delete  
Name: TOWERS, JOHN B  
Address: 6215 WILSON BLVD.  
City-St-Zip: JACKSONVILLE, FL 32210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PIKE HALL III

PD

01/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date