

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121111

Entity Name: CLPA INC.

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

8629 PHILIPS HWY
#4
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7 ECHO SANDS PL
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 20-0347708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIMBLE, DAVID
8629 PHILLIPS HWY #4
JACKSONVILLE, FL 32256 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: D () Delete
Name: PASTORI, TOM
Address: 7 ECHO SANDS PL
City-St-Zip: PALM COAST, FL 32137

Title: VP () Delete
Name: KIMBLE, DAVID
Address: 4121 HIDDEN ACRE
City-St-Zip: JACKSONVILLE, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TOM PASTORI

PRES

02/18/2009

Electronic Signature of Signing Officer or Director

Date