

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000046422

FILED
Apr 26, 2004
Secretary of State

Entity Name: CLC, INC.

Current Principal Place of Business:

4306 PABLO OAKS COURT
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16469
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 59-3261535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COGGIN, LUTHER W
4306 PALBO OAKS COURT
JACKSONVILLE, FL 32224 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: DC () Delete
Name: COGGIN, LUTHER W
Address: 4306 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: COGGIN, BLANCHE B
Address: 4306 PALBO OAKS COURT
City-St-Zip: JACKSONVILLE, FL

Title: PD () Delete
Name: TOMM, C. B.
Address: 4306 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: NOBLE, NANCY D
Address: 4306 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL

Title: TS (X) Delete
Name: MARLETTE, LINDA
Address: 4306 PABLO COURT
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: TAYLOR, LORI J
Address: 4306 PALBO OAKS COURT
City-St-Zip: JACKSONVILLE, FL

Title: TS (X) Change () Addition
Name: SHIELDS, SANDRA A
Address: 4306 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL

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

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: L.J. TAYLOR

Electronic Signature of Signing Officer or Director

PD

04/26/2004

_____ Date