

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90033 012 ***185.00

DOCUMENT # 408160

1. Entity Name
CLF CORPORATION, INC.



Principal Place of Business
**3405 CLEVELAND HEIGHTS BLVD
LAKELAND, FL 33803**

Mailing Address
**3405 CLEVELAND HEIGHTS BLVD
LAKELAND, FL 33803**

60046239



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
232 N MASSACHUSETTS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07312008 Chg-P CR2E034 (12/06)

City & State

City & State
LAKELAND FL

4. FEI Number
59-1321286

Applied For
Not Applicable

Zip

Country

Zip
33801

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FUTRAL, LARRY T.
3405 CLEVELAND HEIGHTS BLVD.
LAKELAND, FL 33803**

Name
FRANK Y BAKER

Street Address (P.O. Box Number is Not Acceptable)
3104 FOREST DR

City **LAKELAND** FL Zip Code **33811-1678**

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

Frank Y Baker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-31-08

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
FUTRAL, LARRY T
4425 NUNNSWOOD
LAKELAND, FL 00000** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BAKER, FRANK Y
3104 FOREST DR
LAKELAND, FL 00000** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

Frank Y Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-08

Date

863-646-0387

Daytime Phone #