2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 840254

C. & J. CLARK RETAIL, INC.

1. Entity Name

Principal Place of Business 600 S BROAD ST

KENNETT SQUARE, PA 19348

Mailing Address 600 S BROAD ST

KENNETT SQUARE, PA 19348 US

FILED Mar 03, 2005 08:00 AM Secretary of State



01072005

No Chg-P

CR2E034 (10/03)

4. FEI Number 23-2051239

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

610-925-1780 Daytime Phone #

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE:

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registered	Agent signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SALZANO, J.R. 7 SEXTON FARM RD WALPOLE, MA 02081				U00000249692 03/03/05-80012-017 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOUCKLEY, MARK 6 PERRY STREET #6 BROOKLINE, MA 02445	-					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP INFANTINO, R.J. 121 WINDSOR RD WABAN, MA			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVID P GETTS 455 SHADY LN HUNTINGDON VALLEY, PA 19006			IN T	THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D BOLLIGAR, P 600 SOUTH BROAD STREET KENNETT SQUARE, PA 19348						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. at a majori i san nami angkan i mi man d			
12. I hereby certify that the information supplied with this filing does not qualify 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 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-set 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 an address, with an address, with an address, with an address.							