


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 840254 1. Entity Name C. & J. CLARK RETAIL, INC.	
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Principal Place of Business 620 SOUTH UNION ST KENNETT SQUARE, PA 19348 US	Mailing Address 620 SOUTH UNION ST KENNETT SQUARE, PA 19348 US
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07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2051239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS SALZANO, J.R. 7 SEXTON FARM RD WALPOLE, MA 02081
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DAVID P GETTS 455 SHADY LN HUNTINGDON VALLEY, PA 19006
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOLLIGER, P 620 SOUTH UNION ST KENNETT SQUARE, PA 19348
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000771170
08/02/07-80001-001 550.00

**DO NOT WRITE
IN THIS SPACE**

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: *David P Getts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/07 610-925-1781
Daytime Phone #