

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 840254

1. Entity Name
C. & J. CLARK RETAIL, INC.



Principal Place of Business
**620 SOUTH UNION ST
KENNETT SQUARE, PA 19348 US**

Mailing Address
**620 SOUTH UNION ST
KENNETT SQUARE, PA 19348 US**



04242008 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 ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000948323
06/02/08-80051-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	DVS
NAME	SALZANO, J.R.
STREET ADDRESS	7 SEXTON FARM RD
CITY-STATE-ZIP	WALPOLE, MA 02081
TITLE	S
NAME	BOUCKLEY, MARK
STREET ADDRESS	6 PERRY STREET #6
CITY-STATE-ZIP	BROOKLINE, MA 02445
TITLE	DP
NAME	INFANTINO, R.J.
STREET ADDRESS	121 WINDSOR RD
CITY-STATE-ZIP	WABAN, MA
TITLE	S
NAME	DAVID P GETTS
STREET ADDRESS	455 SHADY LN
CITY-STATE-ZIP	HUNTINGDON VALLEY, PA 19006
TITLE	D
NAME	BOLLIGER, P
STREET ADDRESS	620 SOUTH UNION ST
CITY-STATE-ZIP	KENNETT SQUARE, PA 19348
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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

4/25/08

Date

(610) 925-1783

Daytime Phone #