

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F63354**

1. Entity Name

CLARY REALTY INC.



Principal Place of Business

C/O DOROTHY HOVE CLARY  
2301 KALIN LANE  
SARASOTA, FL 34231

Mailing Address

2301 KALIN LANE  
2301 KALIN LANE  
SARASOTA FL 34231  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2194126

Applied For

Not Applicable

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

CLARY, DOROTHY HOVE  
2301 KALIN LANE  
SARASOTA FL 34231

Name

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

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Delete  
NAME CLARY, GEORGE HOVE  
STREET ADDRESS 1818 BUCCANEER DR.  
CITY- ST- ZIP SARASOTA FL

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

TITLE TD ☐ Delete  
NAME TURNER, KAREN CLARY  
STREET ADDRESS 4817 DUNN DR.  
CITY- ST- ZIP SARASOTA FL 34233

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

TITLE PTD ☐ Delete  
NAME CLARY, DOROTHY HOVE  
STREET ADDRESS 2301 KALIN LANE  
CITY- ST- ZIP SARASOTA FL

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

TITLE V ☐ Delete  
NAME TURNER, THOMAS W.  
STREET ADDRESS 5650 ST. LOUIS AVE.  
CITY- ST- ZIP SARASOTA FL

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

TITLE S ☐ Delete  
NAME CLARY, ELIZABETH ANNE  
STREET ADDRESS 1818 BUCCANEER DR.  
CITY- ST- ZIP SARASOTA FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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: *DOROTHY H CLARY DOROTHY H CLARY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-05 941 922-7351  
Date Daytime Phone #