2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # G51446

1. Entity Name
C.L.R. ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5732 WIND DRIFT LANE BOCA RATON, FL 33433	5732 WIND DRIFT LANE BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

07142005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2307193 ☐ Applied For ☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

RHODES, BURT J
5732 WIND DRIFT LANE
BOCA RATON, FL 33433

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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
Due by September 7, 2005

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	SD
NAME	RHODES, CAROLE L
STREET ADDRESS	5732 WIND DRIFT LANE
CITY ST ZIP	BOCA RATON, FL 33433
TITLE	P
NAME	RHODES, BURT J
STREET ADDRESS	5732 WIND DRIFT LANE
CITY ST ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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 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: Carole L. C.L. RHODES (CAROLE L.) 8/8/05 (561) 750-2175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #