

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90034 022 ***150.00

DOCUMENT # J12363

1. Entity Name
CLERBROOK RESORTS, INC.



Principal Place of Business
43309 US HWY 19 N
TARPON SPGS., FL 34689 US

Mailing Address
P.O. BOX 1608
TARPON SPGS., FL 34688-8608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-2667058

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

FORD, DAVID S.
~~1570 U.S. 19 NORTH~~
TARPON SPRINGS, FL ~~33689~~

Name

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

43309 US HWY 19 N

City

FL

Zip Code

34689

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME FRIEDLAND, LEWIS
STREET ADDRESS 43309 U.S. HWY. 19 N.
CITY-ST-ZIP TARPON SPGS, FL

TITLE DST ☐ Delete
NAME FORD, DAVID
STREET ADDRESS 43309 U.S. HWY 19 N.
CITY-ST-ZIP TARPON SPGS, FL

TITLE D ☐ Delete
NAME ALDRIDGE, DANIEL
STREET ADDRESS 43309 U.S. HWY 19 N
CITY-ST-ZIP TARPON SPRINGS, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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 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:

Lew Friedland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEW FRIEDLAND

Date

Daytime Phone #

2/10/05 727 942 2591