

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

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	



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

FORD, DAVID S.
43309 US HWY 19 J
TARPON SPRINGS, FL 33589

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

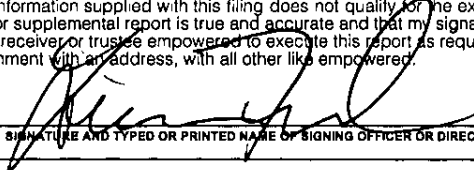
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRIEDLAND, LEWIS 43309 U.S. HWY. 19 N. TARPON SPGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FORD, DAVID 43309 U.S. HWY 19 N. TARPON SPGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDRIDGE, DANIEL 43309 U.S. HWY 19 N TARPON SPRINGS, FL
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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:  **LEW FRIEDLAND** 1/9/08 727 942 2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #