


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90003 012 ***550.00

DOCUMENT # J31735 1. Entity Name C.L. NEW CORPORATION					
Principal Place of Business 103 W ST JOHNS AVE HASTINGS, FL 32145			Mailing Address P O BOX 700 HASTINGS, FL 32145		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 557 N. HORSESHOE RD Suite, Apt. #, etc.			
City & State City: ST AUGUSTINE, FL		City & State City: ST AUGUSTINE, FL		4. FEI Number 59-2725033	
Zip 32084		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES, RICHARD H. 557 N. HORSESHOE ROAD ST. AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES, CHAD 557 NORTH HORSESHOE ROAD ST. AUGUSTINE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, DEBRA W 557 B HORSESHORE ROAD ST AUGUSTINE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES, RICHARD 557 B HORSESHORE ROAD ST. AUGUSTINE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDERS, LYNDA S 6110 SR 207 ELKTON, FL 32033	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 9/10/04 Daytime Phone #					