2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # J32968

1. Entity Name
CLUKEY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2 PACIFIC STREET ST. AUGUSTINE, FL 32084 US	106 N MATANZAS BLVD ST AUGUSTINE, FL 32080 US

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04232008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2717115
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLUKEY, MICAH A., SR.
106 N MATANZAS BLVD
ST AUGUSTINE, FL 32080

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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 MICAH A. CLUKE, SR. OWNER 4/30/08
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, 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	PD
NAME	CLUKEY, MICAH A SR.
STREET ADDRESS	106 N MATANZAS BVLD
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	STD
NAME	CLUKEY, MARY M
STREET ADDRESS	106 N MATANZAS BLVD
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	T
NAME	CLUKEY, NANCY
STREET ADDRESS	4041 CASA GRANDE COURT
CITY-ST-ZIP	ELKTON, FL 32033
TITLE	V
NAME	MARTIN, LAWRENCE G.
STREET ADDRESS	399 VARELLA AVENUE
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/02/08-80034-021 150.00

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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: Mary M Clukey MARY M. CLUKEY 4/30/08 9048245818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #