


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

| | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # J69978 |  |
| 1. Entity Name THE CLOCK SHOP OF FORT PIERCE, INC. | |

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|------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business 100 AVE "A" FT PIERCE FL 34950 | Mailing Address 100 AVE "A" STE 1B FT PIERCE FL 34950 US |
|------------------------------------------------------------------|----------------------------------------------------------------------|



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|------------------------------------------------|---------|--------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc | | Suite, Apt. #, etc | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2817110 ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LIEBMAN, MEL
100 AVE "A"
FT PIERCE FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY ST ZIP | PSD LIEBMAN, MEL 632 NORTHEAST MUSKRAT RUN PORT SAINT LUCIE FL 34983 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VT LIEBMAN, SYDNEY 632 NORTHEAST MUSKRAT RUN PORT SAINT LUCIE FL 34983 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U000000612186 02/02/07-80098-010 150.00 |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  MEL LIEBMAN 1-29-07 772-465-2768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #