

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L06122

FILED
Apr 28, 2008
Secretary of State

Entity Name: CLARKE'S CUSTOM AIR, INC.

Current Principal Place of Business:

C/O KERRY L. CLARKE
2425 E MAIN ST
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

C/O KERRY L. CLARKE
P O BOX 91426
LAKELAND, FL 338041426 US

New Mailing Address:

FEI Number: 59-2963031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARKE, KERRY L PRES
2425 E. MAIN STREET
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLARKE, KERRY L
Address: 5530 DRIFTWOOD DRIVE
City-St-Zip: LAKELAND, FL 33809 US

Title: VS () Delete
Name: CLARKE, KATHLEEN M
Address: 5530 DRIFTWOOD DR
City-St-Zip: LAKELAND, FL 33809 US

Title: T () Delete
Name: HALL, TAMI L
Address: 5326 BLOOMFIELD BLVD
City-St-Zip: LAKELAND, FL 33810 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KERRY L. CLARKE

PD

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date