

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90175 006 ***150.00

DOCUMENT # L26610

1. Entity Name

CLARKLIFT OF ORLANDO, INC.



Principal Place of Business

800 W. LANDSTREET RD
ORLANDO FL 32824

Mailing Address

800 W. LANDSTREET RD
ORLANDO FL 32824



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2973577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

REECE, BRIAN C
800 W. LANDSTREET RD
ORLANDO FL 32824

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME REECE, WP
STREET ADDRESS 800 W. LANDSTREET ROAD
CITY-ST-ZIP ORLANDO FL 32824

TITLE PTD ☐ Delete
NAME REECE, BRIAN
STREET ADDRESS 800 W LANDSTREET ROAD
CITY-ST-ZIP ORLANDO FL 32824

TITLE AS ☐ Delete
NAME CLAPP, ALAN C
STREET ADDRESS 300 SHEOAH BLVD
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *JOE REARDON*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *V.P. JOE REARDON*
STREET ADDRESS *800 W LANDSTREET ROAD*
CITY-ST-ZIP *ORLANDO FL 32824*

TITLE ☐ Change ☒ Addition
NAME *CFO HUGH JONES*
STREET ADDRESS *500 W LANDSTREET ROAD*
CITY-ST-ZIP *ORLANDO FL 32824*

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 line empowered.

SIGNATURE:

[Signature]

4/11/06

407 835 161