


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90039 046 ***150.00

DOCUMENT # L76515	
1. Entity Name CLUB PRODUCTS & SERVICES, INC.	

Principal Place of Business 3614 CASABLANCA AVENUE ST. PETERSBURG BEACH, FL 33706 US	Mailing Address 3614 CASABLANCA AVENUE ST. PETERSBURG BEACH, FL 33706 US
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2. Principal Place of Business - No P.O. Box # 6302 10TH AVENUE SOUTH	3. Mailing Address 6302 10TH AVENUE SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State GULFPORT FL	City & State GULFPORT FL
Zip 33707	Country USA
Zip 33707	Country USA

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01032008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0205222		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CARL VAN EMBURGH 3614 CASABLANCA AVENUE ST. PETERSBURG BEACH, FL 33706		7. Name and Address of New Registered Agent Name CARL VAN EMBURGH Street Address (P.O. Box Number is Not Acceptable) 6302 10TH AVENUE SOUTH City GULFPORT FL Zip Code 33707

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 *Carl Van Emburgh* DATE 1/4/08

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VYDA A VAN EMBURGH 3614 CASABLANCA AVENUE SAINT PETERSBURG, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VYDA VAN EMBURGH 6302 10 TH AVENUE SOUTH GULFPORT, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VAN EMPURGH, CARL 3614 CASABLANCA AVENUE SAINT PETERSBURG, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARL VAN EMBURGH 6302 10 TH AVENUE SOUTH GULFPORT, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Carl Van Emburgh* **CARL VAN EMBURGH** 1/4/08 727-367-7977

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