

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000006713	
1. Entity Name CLARGIN HOUSE INC.	
Principal Place of Business 4488 BANNEKA ST ORLANDO, FL 32811	Mailing Address 4488 BANNEKA ST ORLANDO, FL 32811



DO NOT WRITE IN THIS SPACE

04182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3678495	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KELLY, CLARENCE L
4488 BANNEKA ST
ORLANDO, FL 32811**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, BERNARD 4749 VARGAS ST ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES-KELLY, VIRGINIA 4488 BANNEKA ST ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, MILTON 1857 BARNSTABLES RD WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THARP, EDWARD 431 SHORT PINE CIRCLE ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, TIMOTHY 4816 MIRANDA CIRCLE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EXALIN, NADIRA 2939 NW 56TH AVENUE, APT A-2 LAUDERHILL, FL 33313

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all otherlike empowered.

SIGNATURE:

Clarence L. Kelly, Program Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

467-247-8420
4-20-05