

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004589

FILED
Feb 01, 2008
Secretary of State

Entity Name: NOAH'S ARK FILLING STATION OF CLEWISTON INC.

Current Principal Place of Business:

2301 GULF OF MEXICO DRIVE
#91-N
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

Current Mailing Address:

2301 GULF OF MEXICO DRIVE
#91-N
LONGBOAT KEY, FL 34228 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NAMACK, WILLIAM H III
1605 MAIN STREET
SUITE 1111
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

SCHONBRUNN, MONA L
2301 GULF OF MEXICO DRIVE
#91-N
LONGBOAT KEY, FL 34228 US

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: MONA L. SCHONBRUNN

02/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHONBRUNN, MONA L PH.D.
Address: 2301 GULF OF MEXICO DRIVE, #91-N
City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: D () Delete
Name: CLARKE, ROBERT P CPA
Address: 1990 MAIN STREET, SUITE 801
City-St-Zip: SARASOTA, FL 34236 US

Title: D () Delete
Name: NAMACK, WILLIAM H III
Address: 1605 MAIN STREET, SUITE 1111
City-St-Zip: SARASOTA, FL 34236 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONA L. SCHONBRUNN

D

02/01/2008

Electronic Signature of Signing Officer or Director

Date