2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000055166

1. Entity Name

ALBERT'S ANTIQUE CLOCKS, INC.



FILED Jan 28, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1808-B RIDGEWOOD AVE HOLLY HILL, FL 32117 1808-B RIDGEWOOD AVE HOLLY HILL, FL 32117



DO	NOT	WRITE	IN	THIS	SPA	CE
----	-----	--------------	----	-------------	-----	----

01232008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

03-0447725 Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LATORRE, JOAN E 1808-B RIDGEWOOD AVE HOLLY HILL, FL 32117

SIGNATURE:

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.							
	4114						
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere	Agent signature required when reinststing) DATE					
FILE NOWILI FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008. Fee, will be \$550.00 Trust Fund Contribution Added to Fees							
ITTLE	D OFFICERS AND DIRECTORS						
NAME	LATORRE, LAWRENCE J						
STREET ADDRESS	1808-B RIDGEWOOD AVE		•				
CITY-ST-ZIP	HOLLY HILL, FL 32117	i	Hoooooooo				
TITLE	D LATORDE JOAN 5		U00000803804 02/05/08-80040-014 158,75				
NAME STREET ADDRESS	LATORRE, JOAN E 1808-B RIDGEWOOD AVE		05/03/00 00040 014 130/13				
CITY-ST-ZIP	HOLLY HILL, FL 32117		. 1				
TITLE			·				
NAME			:				
STREET ADDRESS CITY-ST-ZIP	,	חם ו	NOT WRITE				
		T. J.					
TITLE NAME		IN '	THIS SPACE				
STREET ADDRESS			•				
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS CITY-ST-7IP							
TITLE			:				
NAME							
STREET ADDRESS			·				
CITY-ST-ZIP							
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.							

RINTED NAME OF BIGNING OFFICER OR DIRECTOR