

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90025 020 ***158.75

DOCUMENT # P02000112698



1. Entity Name
CLK PROPERTIES OF NORTHWEST FLORIDA, INC.

Principal Place of Business
5805 SAULEY FIELD ROAD
PENSACOLA, FL 32526

Mailing Address
5805 SAULEY FIELD ROAD
PENSACOLA, FL 32526

94018024



2. Principal Place of Business
5805 Saufley Field Road

3. Mailing Address
5805 Saufley Field Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

52-2384976

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, GERALD L
5805 SAULEY FIELD ROAD
PENSACOLA, FL 32526

Name

Street Address (P.O. Box Number is Not Acceptable)

30 S. Spring St.

City

Pensacola

FL

Zip Code
32501

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HEATON, CHARLES W
STREET ADDRESS 5805 SAULEY FIELD ROAD
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE D ☐ Delete
NAME HEATON, LORINE P
STREET ADDRESS 5805 SAULEY FIELD ROAD
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P ☒ Change ☒ Addition
NAME
STREET ADDRESS 5805 Saufley Field Road
CITY-ST-ZIP

TITLE ST ☒ Change ☒ Addition
NAME
STREET ADDRESS 5805 Saufley Field Road
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
STREET ADDRESS
CITY-ST-ZIP

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

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 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:

Lorine Heaton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lorine Heaton

✓

2/17/04

Date

850-453-1253

Daytime Phone #