## 2005 FOR PROFIT CORPORATION

## Feb 16, 2005 8:00 am Secretary of State ANNUAL REPORT 02-16-2005 90037 017 \*\*\*150.00 **DOCUMENT # P02000112698** 1. Entity Name CLK PROPERTIES OF NORTHWEST FLORIDA, INC. 50015934 Principal Place of Business Mailing Address 5805 SAULEY FIELD ROAD 5805 SAULEY FIELD ROAD 3 PENSACOLA, FL 32526 PENSACOLA, FL 32526 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc 02042005 CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 52-2384976 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --- 6. Name and Address of Current Registered Agent -BROWN, GERALD L 30 S. SPRING ST. Street Address (P.O. Box Number is Not Acceptable) PENSACOLA, FL 32501 City Zip Code 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition HEATON, CHARLES W NAME NAME 5805 SAUFLEY FIELD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32526 CITY+ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME HEATON, LORINE P NAME STREET ADDRESS 5805 SAUFLEY FIELD ROAD STREET ADDRESS CITY-ST-7IP PENSACOLA, FL 32526 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME" NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change - ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 any address with all other like impowered.

Charles W. Heaton / 2/14/05

851-336-532

FILED