

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90024 033 ***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



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number
52-2384976

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

BROWN, GERALD L
30 S. SPRING ST.
PENSACOLA, FL 32501

**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

Lorine P. Heaton
Signature, typed or printed name of registered agent and title if applicable.

Lorine P. Heaton
(NOTE: Registered Agent signature required when reinstating)

4-7-08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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
DP
HEATON, CHARLES W
5805 SAUFLEY FIELD ROAD
PENSACOLA, FL 32526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
HEATON, LORINE P
5805 SAUFLEY FIELD ROAD
PENSACOLA, FL 32526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

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

4-07-08
Date

850-554-2404
Daytime Phone #