

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90504 029 \*\*\*150.00

**DOCUMENT # P03000088820**

1. Entity Name  
**CLP ENTERPRISES, INC.**



Principal Place of Business  
**2004 PASS-A-GRILLE WAY  
ST PETE BEACH, FL 33706**

Mailing Address  
**7116 GULF BLVD STE E  
ST PETE BEACH, FL 33706**

**20054122**

2. Principal Place of Business

c/o

3. Mailing Address

**Terrance P. McNamara, Esq.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**400 Corey Ave., 2nd Fl.**

01062005

Chg-P

CR2E034 (10/03)

City & State

City & State

**St. Pete Beach, FL**

4. FEI Number

**45-0521214**

Applied For

Not Applicable

Zip

Country

Zip

**33706**

Country

**USA**

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

**MCNAMARA, TERRANCE P ESQ  
7116 GULF BLVD STE E  
ST PETE BEACH, FL 33706**

Name

**Terrance P. McNamara, Esq.**

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

**400 Corey Avenue, 2nd Fl.**

City

**St. Pete Beach, FL**

FL

Zip Code  
**33706**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST  
PULSE, CARLA L  
2004 PASS-A-GRILLE WAY  
ST PETE BEACH, FL 33706** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D, P, V, S, T** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

**Carla L. Pulse, President**

Date

Daytime Phone #