

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


07-08-2005 90026014 \*\*\*150.00  
FILED P04000051337  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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07062005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000051337</b>					
1. Entity Name <b>CLIMO INVESTMENTS, INC.</b>					
Principal Place of Business <b>2224 KENT PLACE CLEARWATER, FL 33764</b>			Mailing Address <b>2224 KENT PLACE CLEARWATER, FL 33764</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>51-0503331</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HOULD, STEPHEN A ESQ. 920 3RD STREET SUITE D NEPTUNE BEACH, FL 32266</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D/P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CLIMO, NANCY A</b>		NAME		
STREET ADDRESS	<b>2224 KENT PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLEARWATER, FL 33764</b>		CITY-ST-ZIP		
TITLE	<b>D/S/T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CLIMO, JEFFREY M</b>		NAME		
STREET ADDRESS	<b>2224 KENT PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLEARWATER, FL 33764</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 an address, with all other like empowered.					
SIGNATURE: <u>Jeff Climo</u>		JEFF CLIMO		7/5/05	
				(727) 403-9531	