## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000051429

Entity Name: CLIPPINGDALES OF BELLEAIR BLUFFS, INC.

Jul 18, 2005 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

1636 PARKSIDE DRIVE 1623 SANDSTONE CT

BELLEAIR BLUFFS, FL 33756 BELLEAIR BLUFFS, FL 33756

**Current Mailing Address: New Mailing Address:** 

1636 PARKSIDE DRIVE 1623 SANDSTONE CT

BELLEAIR BLUFFS, FL 33756 BELLEAIR BLUFFS, FL 33756

FEI Number: 20-0910146 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MC CORMICK, TINA MC CORMICK, TINA 1636 PARKSIDE DRIVE 1623 SANDSTONE CT

BELLEAIR BLUFFS, FL 33756 BELLEAIR BLUFFS, FL 33756 US US

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.

SIGNATURE: TINA MC CORMICK 07/18/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: **PRFS** (X) Change ( ) Addition

MC CORMICK, TINA MC CORMICK, TINA Name: Name: 1636 PARKSIDE DRIVE 1623 SANDSTONE CT Address: Address: BELLEAIR BLUFFS, FL 33756 City-St-Zip: BELLEAIR BLUFFS, FL 33756 City-St-Zip:

VΡ Title: VΡ Title: () Delete (X) Change ( ) Addition

MC CORMICK, TINA MC CORMICK, TINA Name: Name: 1636 PARKSIDE DRIVE 1623 SANDSTONE CT Address: Address: BELLEAIR BLUFFS, FL 33756 BELLEAIR BLUFFS, FL 33756 City-St-Zip: City-St-Zip:

Title: Title:

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Title: ( ) Delete Title: (X) Change ( ) Addition

MC CORMICK, TINA MC CORMICK, TINA Name: Name: Address: 1636 PARKSIDE DRIVE Address: 1623 SANDSTONE CT City-St-Zip: City-St-Zip: BELLEAIR BLUFFS, FL 33756 BELLEAIR BLUFFS, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA MC CORMICK **PRES** 07/18/2005