## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P04000089142

CLOCKWORK MANAGEMENT, INC.



Principal Place of Business

800 W CYPRESS CREEK ROAD STE 465 FORT LAUDERDALE, FL 33309 US

Mailing Address

800 W CYPRESS CREEK ROAD STE 465

470

FORT LAUDERDALE, FL 33309

**FILED** Apr 28, 2008 08:00 AM Secretary of State



DO NOT WRITE	IN	THIS	SPACE
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04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0096375

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEGEL, LARRY 800 W CYPRESS CREEK ROAD SUITE 465 FORT LAUDERDALE, FL 33309

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

Date

the obligations of registered agent.  Signature  (Avvisor and accept the obligations of registered agent)  1. The above ramed artifly submits this statement for the purpose of changing its registered office of registered agent, or both, in the state of rional. Talk annual with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name/of registerer agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution		cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPTS REYNAERT, JEROME P.O. BOX 1059 ALVA, FL 33920 DAST				U00000925089 05/20/08-80013-004 150.00		
NAME STREET ADDRESS CITY-ST-ZIP	LEGEL, LARRY 800 W CYPRESS CREEK RD #470 FORT LAUDERDALE, FL 33309						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>1</sup>	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·		
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.							

ARRY LEGA

OF SIGNING OFFICER OR DIRECTOR