

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90001 021 ***150.00

DOCUMENT # P04000149149

1. Entity Name
CLEAR TO CLOSE PROCESSING, INC.



Principal Place of Business
122 ALEATHA DRIVE
DAYTONA BEACH, FL 32111-4

Mailing Address
P.O. BOX 214580
SOUTH DAYTONA, FL 32121

2. Principal Place of Business
1982 BIG OAK DRIVE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 211173
Suite, Apt. #, etc.

City & State
SOUTH DAYTONA, FL
Zip
32119
Country
Volusia

City & State
SOUTH DAYTONA, FL
Zip
32121
Country
Volusia

08032006 Chg-P CR2E034 (11/05)

4. FEI Number
68-0595491
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BYRD, DANIEL F
122 ALEATHA DRIVE
DAYTONA BEACH, FL 32114

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: CAROL W. JARRETT

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

(NOTE: Registered Agent signature required when reinstating)

8/3/06
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BYRD, DANIEL F
122 ALEATHA DRIVE
DAYTONA BEACH, FL 32114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BYRD, DANIEL F
1122 ALEATHA DRIVE
DAYTONA BEACH, FL 32114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
JARRETT, CAROL W
P.O. BOX 211173
SOUTH DAYTONA, FL 32121 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRES
JARRETT, CAROL W
P.O. BOX 211173
SOUTH DAYTONA, FL 32121 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 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: CAROL W. JARRETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/06 (386) 788-1455
Date Daytime Phone #