## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P04000164597

1. Entity Name CLYDE HARKER, INC.



FILED Jan 24, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

2417 NE 14TH AVENUE POMPANO BEACH, FL 33064 1353 SE 7TH COURT DEERFIELD BEACH, FL 33441



01152008

No Chg-P

CR2E034 (11/05)

4. FEI Number 34-2026201

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIOLA, LAURIE J 1353 SE 7TH COURT DEERFIELD BEACH, FL 33441

## DO NOT WRITE IN THIS SPACE

					, , , , , , , , , , , , , , , , , , , ,
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 Sgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)  OATE					
Comment of April on the Line of Laboratory (Line of Laboratory April adjustice of Carona statistical Carona					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARKER, CLYDE D 2417 NE 14TH AVENUE POMPANO BEACH, FL 33064		:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000792886 01/24/08-80028-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS   CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3		

12. I hereby certify that the information supplied with this filling 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 busine 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 ap address with all others. The changed is the chapter 607 in the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDIRECTOR

1/22/08

984532322

Daytime Phone #