

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000034379

FILED
Apr 26, 2009
Secretary of State

Entity Name: CLERMONT & AREA REHABILITATION SOLUTIONS, INC.

Current Principal Place of Business:

1705 E HWY 50, SUITE A
CLERMONT, FL 34711

New Principal Place of Business:

11603 ROPER BLVD
CLERMONT, FL 34711

Current Mailing Address:

P O BOX 648
MINNEOLA, FL 34755

New Mailing Address:

FEI Number: 11-3747099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEEKES, JACQUELINE
11603 ROPER BLVD
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WEEKES, JACQUELINE
Address: 11603 ROPER BLVD
City-St-Zip: CLERMONT, FL 34711

Title: CEO () Delete
Name: WEEKES, JACQUELINE
Address: 11603 ROPER BLVD.
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JACQUELINE WEEKES

CEO

04/26/2009

Electronic Signature of Signing Officer or Director

Date