

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000089981

1. Entity Name
PROCLARITY, INC.



Principal Place of Business
**4239 ROCKY RIDGE PLACE
SANFORD FL 32773-8202**

Mailing Address
**4239 ROCKY RIDGE PLACE
SANFORD FL 32773-8202**



2. Principal Place of Business - No P.O. Box #

Same

3. Mailing Address

Same

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **20-3058255**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**POOLE, KATHLEEN
4239 ROCKY RIDGE PLACE
SANFORD FL 32773-8202**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **POOLE, KATHLEEN**
STREET ADDRESS **4239 ROCKY RIDGE PLACE**
CITY- ST- ZIP **SANFORD FL 32773-8202**

TITLE ☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07

407-324-2138