

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P06000136671

1. Entity Name
CLOWNS NEST, INC.



Principal Place of Business
1599 SW 30 AVE
SUITE 20
BOYNTON BEACH, FL 33426 PB

Mailing Address
1599 SW 30 AVE
SUITE 20
BOYNTON BEACH, FL 33426 PB



02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8239511

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEBLANC, DEWEY M
1599 SW 30 AVE
SUITE 20
BOYNTON BEACH, FL 33426

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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 _____
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, 2008 Fee will be \$550.00**

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

000000852176
03/26/08-80018-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, KURT
STREET ADDRESS	1599 SW 30 AVE, SUITE 20
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	SEC
NAME	LEBLANC, DEWEY M
STREET ADDRESS	1599 SW 30 AVE, SUITE 20
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 lines empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/08 561
752 5440
Date Daytime Phone #