

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000055551

FILED
Apr 06, 2004
Secretary of State

Entity Name: THE CLOCKWORKS, INC.

Current Principal Place of Business:

13499 U.S. 41 S.E.
BELL TOWERS STE. #235
FT. MYERS, FL 339073891 US

Current Mailing Address:

13499 U.S. 41 S.E.
BELL TOWERS STE. #235
FT. MYERS, FL 339073891 US

New Principal Place of Business:

13499 U.S. 41 S.E.
BELL TOWERS STE. #227
FT. MYERS, FL 339073891 US

New Mailing Address:

13499 U.S. 41 S.E.
BELL TOWERS STE. #227
FT. MYERS, FL 339073891 US

FEI Number: 65-0434971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUIDEMA, JAN
5611 BRANDY CIRCLE S.W.
FT. MYERS, FL 33919 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: D () Delete
Name: ZUIDEMA, JAN
Address: 5611 BRANDY CIRCLE S.W.
City-St-Zip: FT. MYERS, FL 33919 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V.P. () Change (X) Addition
Name: CRUSE, PETER E V.P.
Address: 1417 REYNARD DR.
City-St-Zip: FT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PETER CRUSE

D

04/06/2004

Electronic Signature of Signing Officer or Director

_____ Date