


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90046 048 ***150.00

DOCUMENT # P99000079734	
1. Entity Name CLOTHILDE, INC.	

Principal Place of Business 1790 HWY. 98 W. MARY ESTHER, FL 32569	Mailing Address 150 EGLIN PARKWAY NE FORT WALTON BEACH, FL 32548
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DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3602980	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEYMOUR, MELANIE SHAW 1790 HWY. 98 W. MARY ESTHER, FL 32569
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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMOUR, MELANIE SHAW 1790 HWY. 98 W. MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMOUR, EDWARD H 1790 HWY. 98 W. MARY ESTHER, FL 32569
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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 like empowered.

SIGNATURE: <u>MELANIE SHAW SEYMOUR</u>	1/13/06	850-864-4445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

ATTACHMENT

40002153

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Please note of the
correct Principal place of
business and officers & directors
addresses as:

— 1791 Highway 98. West
Mary Esther FL 32569
