## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S19331

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CRESTVIEW, FL

CLACK, PATTY W

8 HOLLY ROAD

() Delete

CRESTVIEW, FL 325397324

FILED Jan 04, 2007 Secretary of State

Entity Nar	ne: JOHN E.	CLACK & ASSOCIATES, II	NC.				
Current Principal Place of Business:			New Pri	New Principal Place of Business:			
	ARAISO BLVD ISO, FL 32580						
Current M	ailing Addres	ss:	New Ma	New Mailing Address:			
PO BOX ( VALPARAI	608 ISO, FL 32580	)					
FEI Number:	59-3043799	FEI Number Applied For ( )	FEI Number Not Ap	oplicable ( )	Certificate of Status Desir	red ( )	
Name and	Address of C	Current Registered Agent	Name ar	Name and Address of New Registered Agent:			
CLACK, JO 126 BAYW NICEVILLE		US					
	named entity : e of Florida.	submits this statement for th	ne purpose of changing	g its registered	office or registered agent	t, or both,	
SIGNATUR	RE:						
	Electror	nic Signature of Registered	Agent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( ) CLACK, JOHN 126 BAYWIND NICEVILLE, FL	DRIVE	Title: Name: Address: City-St-Zip	CLACK, JOH 126 BAYWINI	DORIVE		
Title: Name: Address: City-St-Zip:	S ( CLACK, ELAIN 126 BAYWIND NICEVILLE, FL	DRIVE	Title: Name: Address: City-St-Zip	CLACK, ELAII 126 BAYWINI	DORIVE		
Title: Name: Address:	V ( CLACK, JEFF I 8 HOLLY ROAI		Title: Name: Address:	(	) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHNE. CLACK P 01/04/2007

(X) Change ( ) Addition

CLACK, PATTY W

8 HOLLY ROAD

CRESTVIEW, FL