

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # S21279

1. Entity Name  
CLOWNS THAT CARE INC.



Principal Place of Business

90 HIGHLAND AVENUE #306  
TARPON SPRINGS, FL 34689

Mailing Address

90 HIGHLAND AVENUE #306  
TARPON SPRINGS, FL 34689

FILED

Apr 24, 2008 08:00 AM  
Secretary of State



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3053196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WASSER, MERRI  
90 HIGHLAND AVENUE #306  
TARPON SPRINGS, FL 34689

DO NOT WRITE  
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

000000919148  
05/13/08-80099-016 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME WASSER, MERRI  
STREET ADDRESS 90 HIGHLAND AVENUE # 26  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Merri Wasser*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

Date

(927) 938-9928

Daytime Phone #