


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90027 024 ***158.75

DOCUMENT # V62298 1. Entity Name THE CLOCK MAN, INC.	
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Principal Place of Business 4551 FRANWOOD DRIVE DELRAY BEACH, FL 33445	Mailing Address 4551 FRANWOOD DRIVE DELRAY BEACH, FL 33445
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DO NOT WRITE IN THIS SPACE



07022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0357216	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GAMBLE, JERRY W.
4551 FRANWOOD DRIVE
DELRAY BEACH, FL 33445**

**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 \$550.00 Due by September 7, 2005	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	P GAMBLE, JERRY W. 4551 FRANWOOD DR. DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAMBLE, JEAN J. 4551 FRANWOOD DR. DELRAY BEACH, FL
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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 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 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: Jerry W. Gamble **JERRY W. GAMBLE** 7/5/05 **561-499-7716**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
50055463
V62298

7/5/05

Good MORNING.

I ASKED FOR FILING
DOCUMENTS on 1/4/05.

I NEVER RECEIVED
THEM. I would have
FILED ON TIME IF I
HAD RECEIVED THEM.

MY HISTORY IS OF FILING
ON TIME.

I AM SENDING \$150
BECAUSE I NEVER GOT
THE APPROPRIATE DOCUMENTS.

P.S. I SPOKE TO TINA ABOUT
THIS @ 850-245-6056.

Jerry Gamble 7/5/05
president

JERRY W. GAMBLE
4551 FRANWOOD DRIVE
DELRAY BEACH, FL 33445

561-498-7716