2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N01673

1. Entity Name
CLOVERLEAF STUDIO 9, INC.

Principal Place of Business	Mailing Address
900 N. BROAD ST. BROOKSVILLE, FL 34601 US	4156 MAYO STREET BROOKSVILLE, FL 34601

01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2662815
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOROVSKY, EDWARD F
MAYO STEET
#4156
BROOKSVILLE, FL 34601

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BOROVSKY, EDWARD F
STREET ADDRESS	900 N. BROAD ST. #4156
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	DVP
NAME	JOHNSON, CARL A
STREET ADDRESS	900 N. BROAD ST #73
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	S
NAME	HEARD, HELMA
STREET ADDRESS	900 N. BROAD ST #4160
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	DT
NAME	PORTER, CHUCK
STREET ADDRESS	900 N. BROAD ST. #2092
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/04-80059-021 61.25

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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 617, 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: Edward F Borovsky 1-5-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #