

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118712

FILED
Feb 24, 2009
Secretary of State

Entity Name: CLEVER SERVICES CORPORATION

Current Principal Place of Business:

55 HORTON CIR.
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

1105 ALBANY AVE.
LEHIGH ACRES, FL 33971

New Mailing Address:

P.O BOX 51411
FORT MYERS, FL 33905

FEI Number: 30-0384457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1100 S FEDERAL HWY
2ND FLOOR
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILVA, FHABLO C
Address: 1105 ALBANY AVE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VPD () Delete
Name: VAUGHN, CODY N
Address: 2401 TED AVE S
City-St-Zip: LEHIGH ACRES, FL 33971

Title: S (X) Delete
Name: PAGAN, ANA MARIA
Address: 1105 ALBANY AVE
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SILVA, FHABLO C
Address: 3709 13TH ST W
City-St-Zip: LEHIGH ACRES, FL 33971

Title: PD (X) Change () Addition
Name: SANIC ALVARADO, MIGUEL
Address: 3709 13TH ST W
City-St-Zip: LEHIGH ACRES, FL 33971

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: MIGUEL SANIC ALVARADO

PD

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date