

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000109891

FILED  
Feb 28, 2008  
Secretary of State

Entity Name: FORD OF CLERMONT, INC.

**Current Principal Place of Business:**

1101 E HIGHWAY 50  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

1850 E. MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND, FL 32952 US

**New Mailing Address:**

FEI Number: 20-5420505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MOSES, ALISON J ESQUIRE  
1311 BEDFORD DRIVE  
MELBOURNE, FL 32940 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: DEARDOFF, R.BRUCE  
Address: 1850 E. MERRITT ISLAND CAUSEWAY  
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: V ( ) Delete  
Name: DEARDOFF, MICHAEL G  
Address: 1850 E. MERRITT ISLAND CAUSEWAY  
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: ST ( ) Delete  
Name: CHENEY, E. RENEE  
Address: 1850 E. MERRITT ISLAND CAUSEWAY  
City-St-Zip: MERRITT ISLAND, FL 32952 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: R BRUCE DEARDOFF

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02/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date