

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000071565

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** FOUR LEAF CLOVER DIABETIC SUPPLIES, INC.

**Current Principal Place of Business:**

994 HWY 64 BUSINESS  
HAYESVILLE, NC 28904 US

**New Principal Place of Business:**

3280 HWY 69  
SUITE 7  
HAYESVILLE, NC 28904 US

**Current Mailing Address:**

P.O. BOX 1007  
HAYESVILLE, NC 28904 US

**New Mailing Address:**

3280 HWY 69  
SUITE 7  
HAYESVILLE, NC 28904 US

**FEI Number:** 59-3463960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ANDERSON, ALAN H  
411 WALNUT STREET  
# 4495  
GREEN COVE SPRINGS, FL 32043 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

**OFFICERS AND DIRECTORS:**

**Title:** PT/D  
**Name:** SWEENEY, WILLIAM F  
**Address:** 3280 HWY 69 SUITE 7  
**City-St-Zip:** HAYESVILLE, NC 28904 US

**Title:** VS/D  
**Name:** ANDERSON, ALAN H  
**Address:** 3280 HWY 69 SUITE 7  
**City-St-Zip:** HAYESVILLE, NC 28904 US

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM F. SWEENEY

PT/D

03/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date