

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000011709

**Entity Name:** HANDY CLIVE, INC.

**Current Principal Place of Business:**

523 S.W. 71ST AVENUE  
N. LAUDERDALE, FL 33068

**Current Mailing Address:**

523 S.W. 71ST AVENUE  
N. LAUDERDALE, FL 33068

**FEI Number:** 20-4121913

**Certificate of Status Desired:** No

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

LEWIS, CLIVE  
523 S.W. 71ST AVENUE  
N. LAUDERDALE, FL 33068 US

*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

**Officer/Director Detail :**

Title D  
Name LEWIS, CLIVE  
Address 523 S.W. 71ST AVENUE  
City-State-Zip: N. LAUDERDALE FL 33068

Title D  
Name LEWIS, ANGELLA ANDREA  
Address 523 S.W. 71ST AVENUE  
City-State-Zip: N. LAUDERDALE FL 33068

Title D  
Name MCCALLA, KEMAR EATON  
Address 523 S.W. 71ST AVENUE  
City-State-Zip: N. LAUDERDALE FL 33068

*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:** CLIVE LEWIS

**PRES**

**04/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date