

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000071565

Entity Name: FOUR LEAF CLOVER DIABETIC SUPPLIES, INC.

Current Principal Place of Business:

3280 NC 69
SUITE 9
HAYESVILLE, NC 28904

Current Mailing Address:

3280 NC 69
SUITE 9
HAYESVILLE, NC 28904 US

FEI Number: 59-3463960

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ANDERSON, ALAN H
411 WALNUT STREET
4495
GREEN COVE SPRINGS, FL 32043 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 PRESIDENT, DIRECTOR
Name ANDERSON, ALAN
Address 3280 NC 69
 SUITE 9
City-State-Zip: HAYESVILLE NC 28904

Title VP, SECRETARY, DIRECTOR
Name ANDERSON, DENICE
Address 3280 NC 69
 SUITE 9
City-State-Zip: HAYESVILLE NC 28904

Title TREASURER, DIRECTOR
Name HALL, CHRISTINE
Address 3280 NC 69
 SUITE 9
City-State-Zip: HAYESVILLE NC 28904

Title DIRECTOR
Name SWEENEY, WILLIAM
Address 3280 NC 69
 SUITE 9
City-State-Zip: HAYESVILLE NC 28904

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: ALAN ANDERSON

PRESIDENT

02/12/2013

Electronic Signature of Signing Officer/Director Detail

Date