2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 432508

1. Entity Name
CLOVER INTERIOR SYSTEMS, INC.

Principal Place of Business	Mailing Address
615 N. TRAIL P O BOX 508 NOKOMIS, FL 34274	615 N. TRAIL P O BOX 508 NOKOMIS, FL 34274

DO NOT WRITE IN THIS SPACE

06302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1511437
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEFALCO JR., JOSEPH
505 LYONS BAY ROAD
NOKOMIS, FL 34275

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ U00000163610
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not retaining) 07/07/04-80809-025 150.00

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEFALCO, JOSEPH
STREET ADDRESS	505 LYONS BAY ROAD
CITY-ST-ZIP	NOKOMIS, FL
TITLE	D
NAME	PIZZO, LIBORIA
STREET ADDRESS	213 A RUBENS DR
CITY-ST-ZIP	NOKOMIS, FL
TITLE	ST
NAME	DEFALCO, MARY ANN
STREET ADDRESS	505 LYONS BAY ROAD
CITY-ST-ZIP	NOKOMIS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Ann DeFalco JUNE 30, 2004 941-484-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #