

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 432508

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: CLOVER INTERIOR SYSTEMS, INC.

## Current Principal Place of Business:

616 N. TRAIL  
P O BOX 508  
NOKOMIS, FL 34274

## New Principal Place of Business:

616 N. TIMAIMI TRAIL  
NOKOMIS, FL 34275

## Current Mailing Address:

616 N. TRAIL  
P O BOX 508  
NOKOMIS, FL 34274

## New Mailing Address:

FEI Number: 59-1511437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEFALCO JR., JOSEPH  
505 LYONS BAY ROAD  
NOKOMIS, FL 33555 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: D ( ) Delete  
Name: DEFALCO, JOSEPH,  
Address: 505 LYONS BAY ROAD  
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete  
Name: PIZZO, LIBORIA,  
Address: 213 A RUBENS DR  
City-St-Zip: NOKOMIS, FL

Title: ST ( ) Delete  
Name: DEFALCO, MARY ANN,  
Address: 505 LYONS BAY ROAD  
City-St-Zip: NOKOMIS, FL

## 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: MARYANN DEFALCO

OFFI

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date