

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90198 032 ***150.00

DOCUMENT # 478957

1. Entity Name
RUDY'S CLOVER BAR, INC.



Principal Place of Business
**3635 N. ANDREWS AVENUE
FT LAUDERDALE, FL 33309**

Mailing Address
**3635 N. ANDREWS AVENUE
FT LAUDERDALE, FL 33309**



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1605987

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STOKES, GARY
1851 SW 25 ST
FT LAUDERDALE, FL 33315**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STOKES, GARY
STREET ADDRESS	1851 SW 25 ST
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	VP
NAME	STOKES, SUE A
STREET ADDRESS	1851 SW 25 ST
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	ST
NAME	DUGDALE, CHARLES
STREET ADDRESS	431 NE 58 ST
CITY-ST-ZIP	OAKLAND PK, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**1721 NW 45 ST
OAKLAND PARK FL
33309**

**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:

Charles Dugdale
CHARLES DUGDALE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

Date

954-564-9309

Daytime Phone #