

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 16, 2005 08:00 AM
Secretary of State**

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**



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1605987

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
STOKES, GARY
1851 SW 25 ST
FT. LAUDERDALE, FL 33315**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
STOKES, SUE A
1851 SW 25 ST
FT. LAUDERDALE, FL 33315**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
DUGDALE, CHARLES
1721 NW 45 ST.
OAKLAND PARK, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000309450
04/16/05-80037-017 150.00

**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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CHARLES DUGDALE

5-14-05 954-564-9309