


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**


03-23-2004 90014 022 \*\*\*150.00

<b>DOCUMENT # 596258</b>	
1. Entity Name <b>CLEMENS ENTERPRISES, INC.</b>	

Principal Place of Business <b>6330 S. ATLANTIC AVE. NEW SMYRNA BEACH FL 32169</b>	Mailing Address <b>6330 S. ATLANTIC AVE. NEW SMYRNA BEACH FL 32169</b>
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2. Principal Place of Business <b>4825 ROCK SPRINGS RD</b> Suite, Apt. #, etc.	3. Mailing Address <b>4825 ROCK SPRINGS RD</b> Suite, Apt. #, etc.
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City & State <b>APOPKA FL</b>	City & State <b>APOPKA FL</b>
Zip <b>32712</b>	Zip <b>32712</b>
Country <b>ORANGE</b>	Country <b>ORANGE</b>

	
MOORE	CR2E034 (11/03)
4. FEI Number <b>59-2152899</b>	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent <b>CLEMENS, PAUL O. 6330 S. ATLANTIC AVE. NEW SMYRNA BEACH FL 32169</b>	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4825 ROCK SPRINGS RD</b> City <b>APOPKA</b> FL Zip Code <b>32712</b>

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.	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLEMENS, PAUL O. 6630 ATLANTIC AVE. NEW SMYRNA BCH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4825 ROCK SPRINGS RD</b> <b>APOPKA FL 32712</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 info empowered.	
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SIGNATURE: <b>Paul O. Clemens</b>	<b>3-20-04 407 884 5834</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #