

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90019 018 ***150.00

DOCUMENT # 616356

1. Entity Name

CLOER & SONS, INC.



Principal Place of Business

EEL GROVE ROAD
~~P.O. BOX 1446~~
EDGEWATER FL 32132-7478

Mailing Address

~~EEL GROVE ROAD~~
P.O. BOX 1446
EDGEWATER FL 32132-7478

40035007



2. Principal Place of Business - No P.O. Box #

3096 Eels Grove Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1446
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

Edgewater, FL

City & State

Edgewater, FL

4. FEI Number

59-1907026

Applied For

Not Applicable

Zip

32141

Country

USA

Zip

32132

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETERSON, PHILIP B.
418 CANAL ST.
NEW SMYRNA BEACH FL FL 32168

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CLOER, ROBERT ALLEN
STREET ADDRESS 4190 CLINTON CEMETARY RD
CITY- ST- ZIP EDGEWATER FL 32141

TITLE ST ☐ Delete
NAME CLOER, SUSAN
STREET ADDRESS 4190 CLINTON CEMETARY RD
CITY- ST- ZIP EDGEWATER FL 32141

TITLE V ☐ Delete
NAME CLOER, KEVIN
STREET ADDRESS 4190 CLINTON CEMETARY RD
CITY- ST- ZIP EDGEWATER FL 32141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 380 Clinton Cemetery Road
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition
NAME
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CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Susan Cloer Susan Cloer

2-23-07 386 427-1655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Copy the Phone #