

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90011 035 ***158.75

DOCUMENT # F03000001244

1. Entity Name
CLIVCO INC.



Principal Place of Business
~~5656 RIVERSIDE DRIVE EAST~~
~~WINDSOR, ONTARIO N8S1A8,~~

Mailing Address
5656 RIVERSIDE DRIVE EAST
WINDSOR, ONTARIO N8S1A8,

24005266



2. Principal Place of Business
5656 Riverside Drive East
Suite, Apt. #, etc.

3. Mailing Address
5656 Riverside Drive East
Suite, Apt. #, etc.

01272004 Chg-P CR2E034 (10/03)

City & State
Windsor, ON

City & State
Windsor, ON

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip Country
N8S 1A8 CAN

Zip Country
N8S 1A8 CAN

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LADEMAN, CARRIE E
3200 TAMiami TRAIL NORTH, SUITE 200
NAPLES, FL 34103

Name
Bob Campbell
Street Address (P.O. Box Number is Not Acceptable)
161 Sabal Lake Drive
City Naples FL Zip Code 34104

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

Jan 27/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete
NAME TREGASKISS, CLIVE
STREET ADDRESS 5656 RIVERSIDE DRIVE EAST
CITY-ST-ZIP WINDSOR, ONTARIO N8S1A8,

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 27/04 (519) 737-6966