

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F40244

FILED
Mar 04, 2009
Secretary of State

Entity Name: CLOVER LAWN EQUIPMENT, INC.

Current Principal Place of Business:

1723 N. LECANTO HWY.
LECANTO, FL 34461 US

New Principal Place of Business:

Current Mailing Address:

1723 N. LECANTO HWY.
LECANTO, FL 34461 US

New Mailing Address:

FEI Number: 59-2103847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANE, ROBERT
1723 N. LECANTO HWY.
LECANTO, FL 34461 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KANE, ROBERT
Address: 1671 LAMPLIGHTER ST.
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: ST () Delete
Name: KANE, VICKY A
Address: 51 GREENTREE ST
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KANE, ROBERT
Address: 1671 LAMPLIGHTER ST.
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: ST (X) Change () Addition
Name: KANE, VICKY A
Address: 4386 W. MUSTANG BLVD
City-St-Zip: BEVERLY HILLS, FL 34465

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT KANE

PRES

03/04/2009

Electronic Signature of Signing Officer or Director

Date