

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G54841

Entity Name: CLAVILLE HOLDINGS, INC.

FILED
Jun 19, 2009
Secretary of State

Current Principal Place of Business:

12650 CR 39
DUETTE, FL 33834 US

New Principal Place of Business:

6757 TRAIL RIDGE DRIVE
LAKELAND, FL 33813 US

Current Mailing Address:

12650 CR 39
DUETTE, FL 33834 US

New Mailing Address:

P.O. BOX 5980
LAKELAND, FL 33807 US

FEI Number: 59-2311405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAVILLE, GARY S.
6757 TRAILRIDGE DR.
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

CLAVILLE, GARY S MR.
6757 TRAILRIDGE DR.
LAKELAND, FL 33813 US

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: GARY S. CLAVILLE

06/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: CLAVILLE, GARY S
Address: 6757 TRAILRIDGE DR.
City-St-Zip: LAKELAND, FL

Title: V () Delete
Name: LOGUE, PAT C.
Address: 175 NO. CHURCH ST.
City-St-Zip: FT. MEADE, FL

Title: S (X) Delete
Name: BILLER, DORIS M.
Address: 1870 VALENCIA DR.
City-St-Zip: BARTOW, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: CLAVILLE, GARY S MR.
Address: 6757 TRAILRIDGE DR.
City-St-Zip: LAKELAND, FL 33813

Title: S (X) Change () Addition
Name: CLAVILLE, LYNDIA S MRS.
Address: 6757 TRAIL RIDGE DRIVE
City-St-Zip: LAKELAND, FL 33813 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY S. CLAVILLE

DPTS

06/19/2009

Electronic Signature of Signing Officer or Director

Date