




**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**May 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H01892</b> 1. Entity Name <b>CLOVER INDUSTRIES, INC.</b>			
Principal Place of Business <b>470 10TH AVENUE SOUTH SAFETY HARBOR, FL 34695</b>		Mailing Address <b>470 10TH AVENUE SOUTH SAFETY HARBOR, FL 34695</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04162007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-2412856</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>PETZINGER, RONALD E 1894 SETON COURT CLEARWATER, FL 33763</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when redacting)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U00000764358 05/30/07-80060-002 150.00	
TITLE	PVD		
NAME	PETZINGER, RONALD E		
STREET ADDRESS	1894 SETON COURT		
CITY-ST-ZIP	CLEARWATER, FL 33763		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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CITY-ST-ZIP			
TITLE			
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 Chapter 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: 		4-30-07 727 726 2617	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	