

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # H70649**

1. Entity Name  
**CLEARY ENTERPRISES, INC.**



Principal Place of Business  
**825 NEWELL TERR  
MARCO ISLAND, FL 34145 US**

Mailing Address  
**1083 N COLLIER BLVD  
#394  
MARCO ISLAND, FL 34145 US**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2569172**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CLEARY, DANA T.  
1813 BAHAMA AVE N  
MARCO ISLAND, FL 34145**

**DO NOT WRITE  
IN THIS SPACE**

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**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CLEARY, WESLEY D.
STREET ADDRESS	825 NEWELL TERRACE
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	ST
NAME	CLEARY, DANA T.
STREET ADDRESS	1813 BAHAMA AVE N
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	VP
NAME	CLEARY, CATHERINE A
STREET ADDRESS	825 NEWELL TERRACE
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000165432  
07/12/04-80013-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Dana P. Cleary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/7/04**

Date

**(239) 394-6027**

Daytime Phone #