

FILED
Apr 02, 2005 08:00
Secretary of Stat

2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

CUMENT # J95113

City Name

CLUSIVE PROPERTIES INCORPORATED



Principal Place of Business

308 MAIN STREET
P.O. BOX 803
MINNEOLA FL 34755-0803

Mailing Address

508 MAIN STREET
P.O. BOX 803
MINNEOLA FL 34755-0803



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2847798

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

DATE

SIGNATURE

Signature of typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May
Added to Fee

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Add

10.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
PARRISH, STEPHEN WAYNE
403 WASHINGTON ST.
MINNEOLA FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
PARRISH, WILLIAM C
105 NO LAKE SHORE DRIVE
MINNEOLA FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
PARRISH, MYRA N
105 NO LAKE SHORE DRIVE
MINNEOLA FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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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)(f), Florida Statutes. I further indicate 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 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 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

William C Parrish

3-30-05