2004 FOR PROFIT CORPORATION' ANNUAL REPORT

DOCUMENT # J96984

FILED Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90301 001 ***150.00

Principal Place of Dulmiss	1. Entity Nam CLOVER	CREEK FOODS, INC.				
Side, Apt. P. atC. Side, Apt. Sid	412 E BELV	EDERE ST	412 E BELVEDERE ST		1	III 81511 81811 81511 81011881 11 1091
City & State City & State Country 33266 - 2770 Country 33266 - 2770 Country 69-2851207 59-2851207 50-2851	2. Principal Place of Business 3. Mailing Address P.D. Box 2			718		
ARELAND Country 39.86 - 278 Country 39.86 - 278 Country 5 - Certificate of Status Desired 58.75 Accepted 5 - 58.75 Acce					04202004 Chg-P CR	2E034 (10/03)
BESWICK, BOB 412 E BELVEDERE ST LAKELAND, FL 33803 8. The above named entry withints the statement for the purpose of changing its registered difference or registered agent, or both. In the State of Porists. I am formical with, and accept the obligations of registered agent, or both. In the State of Porists. I am formical with, and accept the obligations of registered agent, or both. In the State of Porists. I am formical with, and accept the obligations of registered agent, or both. In the State of Porists. I am formical with, and accept the obligations of registered agent, or both. In the State of Porists. I am formical with, and accept the obligations of registered agent, or both. In the State of Porists. I am formical with, and accept the obligations of registered agent, or both. In the State of Porists. I am formical with, and accept the obligations of registered agent, or both. In the State of Porists. I am formical with, and accept the obligations of registered agent, or both. In the State of Porists. I am formical with, and accept the obligations of registered agent, or both. In the State of Porists. I am formical with, and accept the obligations of registered agent, or both. In the State of Porists. I am formical with, and accept the obligations of registered agent, or both. In the State of Porists. I am formical with, and accept the obligations of registered agent, or both. In the State of Porists. I am formical with, and accept the obligations of registered agent, or both. In the State of Porists. I am formical with, and accept the state of Porists. I am formical with a company of the state of Porists. I am formical with a company of the state of Porists. I am formical with a company of the state of Porists. I am formical with a company of the state of Porists. I am formical with a company of the state of Porists. I am formical with a company of the state of Porists. I am formical with a company of the state of Porists. I am formical with a company of the state of Porists. I am formical with a compa	City & Stat	te .	LAKELAND,	FL	1 - 1	
Name Steel Address (P.O. Box Number is Not Acceptable)	Zip	Country	33806-2718	US A	5. Certificate of Status Desired	
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The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered pagent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of the piorida. I am familiar with, and accept the obligations of the piorida. I am familiar with, and accept the obligations of the piorida. I am familiar with, and accept the piorida. I am familiar with adjector. I and accept the piorida. I am familiar with, and accept the piorida. I am familiar with and accept the piorida. I am familiar with adjector. I all a man accept the piorida. I am familiar with adjector. I all a man accept the piorida. I am familiar with adjector. I all a man acc	412 E BEL	VEDERE ST		Street Address	s (P.O. Box Number is Not Acceptable)	
SIGNATURE				City		FL Zip Code
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME MAME STREET ADDRESS CITY-ST-2IP TITLE MAM	the obliga	Signature. Typed or printed name of registered ago	A sent and little of applicable. (NOTE: f	Registored Agent signature requiren	red when reinstating) DA	
THE MAME MAME MAME MISHARD, IVAN MAME MISHER ADDRESS CITY-ST-2IP TITLE MAME SIREET ADDRESS CITY-ST-2IP TITLE MAME SIREET ADDRESS CITY-ST-2IP TITLE MAME MAME SIREET ADDRESS CI				T 11	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11
TITLE NAME BESWICK, BOB BISWICK, BOB A12 E. BELVEDERE LAKELAND, FL TITLE NAME NAME STREET ADDRESS CITY-S1-2IP ITTLE NAME NAME STREET ADDRESS CITY-S1-2IP TITLE NAME STREET	THLE NAME STREET ADDRESS	VD WISHARD, IVAN 1318 BRYON DRIVE		TITLE NAME STREET ADDRESS		·
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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 addless, while all other like empowered. SIGNATURE:	NAME STREET ADDRESS			NAME STREET ADDRESS		☐ Change ☐ Addition
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