

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K44279**

1. Entity Name  
**CLOVIS CORPORATION**



Principal Place of Business  
**8312 ALOHA DRIVE  
FT. MYERS, FL 33912**

Mailing Address  
**8312 ALOHA DRIVE  
FT. MYERS, FL 33912**



03042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0153068**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MORGAN, DOUGLAS S.  
330 SHORE DRIVE  
FT. MYERS, FL 33905**

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000115757  
04/16/04-80037-009 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MORGAN, DOUGLAS S.
STREET ADDRESS	330 SHORE DRIVE
CITY-ST-ZIP	FT. MYERS, FL 33905
TITLE	VP
NAME	MORGAN, EDWARD C.
STREET ADDRESS	168 ALAMEDA AVE.
CITY-ST-ZIP	FT. MYERS, FL 33905
TITLE	VP
NAME	MORGAN, JEFFREY
STREET ADDRESS	330 SHORE DRIVE
CITY-ST-ZIP	FT. MYERS, FL 33905
TITLE	ST
NAME	MORGAN, BARBARA
STREET ADDRESS	330 SHORE DRIVE
CITY-ST-ZIP	FT. MYERS, FL 33905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 19.07(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 an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #