


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90281 007 \*\*\*158.75

<b>DOCUMENT # K44279</b>	
1. Entity Name <b>CLOVIS CORPORATION</b>	

Principal Place of Business <b>8312 ALOHA DRIVE FT. MYERS, FL 33912</b>	Mailing Address <b>8312 ALOHA DRIVE FT. MYERS, FL 33912</b>
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**14010894**



2. Principal Place of Business <b>330 SHORE DR SUITE, APT. #, ETC. 330 SHORE DR FT MYERS, FL</b>	3. Mailing Address <b>330 SHORE DR SUITE, APT. #, ETC. FT MYERS FT MYERS FL</b>
City & State <b>FT MYERS, FL</b>	City & State <b>FT MYERS FL</b>
Zip <b>33905</b>	Country <b>USA</b>

04062005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0153068</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MORGAN, DOUGLAS S. 330 SHORE DRIVE FT. MYERS, FL 33905</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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.	
SIGNATURE <b>Barbara Morgan</b>	DATE <b>4-21-05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>P MORGAN, DOUGLAS S.</b>
STREET ADDRESS	<b>330 SHORE DRIVE</b>
CITY-ST-ZIP	<b>FT. MYERS, FL 33905</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VP MORGAN, EDWARD C.</b>
STREET ADDRESS	<b>168 ALAMEDA AVE.</b>
CITY-ST-ZIP	<b>FT. MYERS, FL 33905</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VP MORGAN, JEFFREY</b>
STREET ADDRESS	<b>330 SHORE DRIVE</b>
CITY-ST-ZIP	<b>FT. MYERS, FL 33905</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>ST MORGAN, BARBARA</b>
STREET ADDRESS	<b>330 SHORE DRIVE</b>
CITY-ST-ZIP	<b>FT. MYERS, FL 33905</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address, with all other like empowered.	
SIGNATURE: <b>Barbara Morgan</b>	DATE: <b>4-21-05</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #