

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # K44279

1. Entity Name
CLOVIS CORPORATION



Principal Place of Business
**330 SHORE DRIVE
FORT MYERS, FL 33905**

Mailing Address
**330 SHORE DRIVE
FORT MYERS, FL 33905**



04072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0153068	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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	

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05/17/07-80021-011 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Barbara A. Morgan **BARBARA A. MORGAN** 4-20-07 237-694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 2996