

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 08, 2007 08:00 AM
Secretary of State**

DOCUMENT # L79481

1. Entity Name
CLOVER MARKETING, INC.



Principal Place of Business
**846 VICTORIA TERRACE
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**846 VICTORIA TERRACE
ALTAMONTE SPRINGS, FL 32701**



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3020140	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GRAHAM, JOHN T.
846 VICTORIA TERRACE
ALTAMONTE SPRINGS, FL 32701**

**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 title if applicable.

(NOTE: Registered Agent signature required when renewing)

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	PD
NAME	GRAHAM, JOHN T.
STREET ADDRESS	846 VICTORIA TERRACE
CITY- ST- ZIP	ALTAMONTE SPRINGS, FL 32701

TITLE	ST
NAME	GRAHAM, JOANNE B
STREET ADDRESS	846 VICTORIA TERRACE
CITY- ST- ZIP	ALTAMONTE SPRINGS, FL 32701

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1000000628119
02/16/07-80002-011 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-07

407-468-5771