
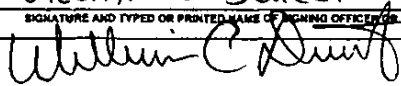


**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90101 046 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # L80178</b> 1. Entity Name <b>CLOVERLEAF INDUSTRIES, INC.</b>		
Principal Place of Business <b>C/O WILLIAM C. DURST 10657 HEMMING RD. JACKSONVILLE, FL 32225 US</b>	Mailing Address <b>C/O WILLIAM C. DURST 10657 HEMMING ROAD JACKSONVILLE, FL 32225 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>DURST, WILLIAM C. 10657 HEMMING ROAD JACKSONVILLE, FL 32225</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURST, WILLIAM C. 10657 HEMMING RD. JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROY, ANITA DURST 10657 HEMMING RD. JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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: <u>William C. DURST</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> 		<u>3-8-07</u> <u>904-645-3005</u> <small>Date Daytime Phone #</small>

66004398



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3022859</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>