


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90035 035 \*\*\*150.00

**DOCUMENT # P0000009516**  
 1. Entity Name  
 CLERMONT SCAPES, INC.



Principal Place of Business  
 17712 N. CR 33  
 GROVELAND, FL 34736

Mailing Address  
 17712 N. CR 33  
 GROVELAND, FL 34736

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



03302004 Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3621322

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

SPiegel & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES, FL 33134

**7. Name and Address of New Registered Agent**

Name Edward P. Judan P.O.  
 Street Address (P.O. Box Number is Not Acceptable)  
1760 East Highway 50  
 City Clermont, FL Zip Code 34711

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] DATE 3-31-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

**10. OFFICERS AND DIRECTORS**

TITLE	PTD <input type="checkbox"/> Delete
NAME	SHANK, BRIAN J
STREET ADDRESS	9103 LAZY OAK COURT
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	SVD <input type="checkbox"/> Delete
NAME	SHANK, ALANE R
STREET ADDRESS	9103 LAZY OAK COURT
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: [Signature] DATE 3/31/04

Signature and typed or printed name of signing officer or director