2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # P00000009516** 04-05-2004 90035 035 ***150.00 1. Entity Name CLERMONT SCAPES, INC. Principal Place of Business Mailing Address 17712 N. CR 33 17712 N. CR 33 GROVELAND, FL 34736 GROVELAND, FL 34736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3621322 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL 🍇 UTRÈRA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES, FL 33134 1460 EAST HIGHWAY SC 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. 1 am familiar with, and accept the obligations of registered agent. ame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. ~ Added to Fees OFFICERS AND DIRECTORS - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD Delete ☐ Addition TITLE TITLE ☐ Change NAME SHANK, BRIAN J NAME STREET ADDRESS 9103 LAZY OAK COURT STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE SHANK, ALANE R NAME NAME 9103 LAZY OAK COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change ☐ Addition TITI F ☐ Defete NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE . Change Addition NAME NAME STREET ADDRESS 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 a graddress, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #