

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90396 032 \*\*\*150.00

**DOCUMENT # P00000073192**

1. Entity Name  
CLI TECHNOLOGIES, INC.



Principal Place of Business  
333 B. ENTERPRISE DRIVE  
OCOE, FL 34761-3001

Mailing Address  
16725 BAY CLUB DRIVE  
CLERMONT, FL 34711

2. Principal Place of Business

16725 BAY CLUB DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

CLERMONT FL

City & State

Zip

34711

Country

USA

Zip

Country

04272004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3661482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREENWOOD, CHARLES LEE  
333 B. ENTERPRISE DRIVE  
OCOE, FL 34761-3001

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Charles Lee Greenwood*

P

CHARLES LEE GREENWOOD

4/27/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 P ☐ Delete  
NAME GREENWOOD, CHARLES LEE  
STREET ADDRESS 16725 BAY CLUB DRIVE  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE VPS ☐ Delete  
NAME IREY, BILL  
STREET ADDRESS 9210 CHARLES E. LIMPUS  
CITY-ST-ZIP ORLANDO, FL 32836

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Charles Lee Greenwood*

CHARLES LEE GREENWOOD

4/27/04

907-468-6898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #