

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000095186

1. Entity Name
CLEVER COVERS, INC.



Principal Place of Business

P.O. BOX 547969
ORLANDO, FL 32854 US

Mailing Address

P.O. BOX 547969
ORLANDO, FL 32854 US



05092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3673923

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, JOHN D
P.O. BOX 547969
ORLANDO, FL 32854

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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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SMITH, JOHN D
P.O. BOX 547969
ORLANDO, FL 32854

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KRUSE, LARK M
P.O. BOX 547969
ORLANDO, FL 32854

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/29/07-80046-012 150.00

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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 I am empowered.

SIGNATURE

John D. Smith John D. Smith

4/29/07 407-423-5989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #