

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90153 027 ***150.00

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1. Entity Name
CLOUD & CLOUD LANDSCAPING & IRRIGATION, INC.



Principal Place of Business

1667 ZAFFER ST. NW
PALM BAY, FL 32907
P.O. Box 120596
MELBOURNE FL 32912

Mailing Address

1667 ZAFFER ST. NW
PALM BAY, FL 32907
P.O. Box 120596
MELBOURNE FL 32912

DO NOT WRITE IN THIS SPACE

02092005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3692030

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLOUD, DWIGHT A
1667 ZAFFER ST. NW
PALM BAY, FL 32907

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLOUD, DWIGHT A
STREET ADDRESS	P.O. BOX 120596
CITY-ST-ZIP	MELBOURNE, FL 329120596
TITLE	JUAN CLOUD
NAME	P.O. Box 120596
STREET ADDRESS	MELBOURNE, FL
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Dwight Cloud
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-05