

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028430

Entity Name: C. LIVELY, INC.

FILED  
Apr 16, 2008  
Secretary of State

## Current Principal Place of Business:

3581 ARLINGTON DRIVE  
UNIT 5  
ROTONDA WEST, FL 33947 US

## Current Mailing Address:

P.O. BOX 303  
PLACIDA, FL 33946 US

## New Principal Place of Business:

15148 MILLE FIORE BLVD.  
PORT CHARLOTTE, FL 33953 US

## New Mailing Address:

15148 MILLE FIORE BLVD.  
PORT CHARLOTTE, FL 33953 US

FEI Number: 65-1140286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TUMBLESON, J. DOYLE  
150 SOUTH PALMETTO AVE., BOX A  
DAYTONA BEACH, FL 32114 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: SCHAD, CAROL S  
Address: P.O. BOX 303  
City-St-Zip: PLACIDA, FL 33946

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: SCHAD-KLINGEL, CAROL S  
Address: 15148 MILLE FIORE BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL SCHAD-KLINGEL

PRES

04/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date