2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000030298

1. Entity Name
CLEVELAND & SONS ENTERPRISES INC.

Principal Place of Business	Mailing Address
4531 NW 12TH AVENUE FT LAUDERDALE, FL 33309	4531 NW 12TH AVENUE FT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

04202007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1092083	Not Applicable

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

6. Name and Address of Current Registered Agent

CLEVELAND, GARY W
4531 NW 12TH AVENUE
FT LAUDERDALE, FL 33309

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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
After May 1, 2007 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	
NAME	CLEVELAND, GARY W	
STREET ADDRESS	4531 NW 12TH AVENUE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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05/08/07-80097-020 150.00

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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 like empowered.

SIGNATURE: *Gary Cleveland* Gary Cleveland President 4/22/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #