

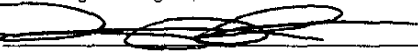
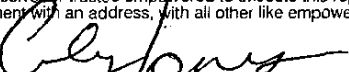


FILED
Apr 29, 2004 8:00 am
Secretary of State

[illegible]

DOCUMENT # P01000047600				State of Florida	
1. Entity Name CLOVER ENTERPRISES, INC.				04-29-2004 90311 017 ***158.75	
Principal Place of Business 4410 KINGSFORT ROAD LITTLE RIVER, SC 29566		Mailing Address 4410 KINGSFORT ROAD LITTLE RIVER, SC 29566			
2. Principal Place of Business P.O. Box 56432		3. Mailing Address P.O. Box 56432		04212004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number 59-3715003	
Zip 33732-6432		Country Pinellas		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
CHADWELL, E. 301 PATICA ROAD NE ST PETERSBURG, FL 33702		Name Victoria P. Behm, P.A. Street Address (P.O. Box Number is Not Acceptable) 405 2nd Street South Suite C City Safety Harbor FL Zip Code 34695			
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 		Victoria P. Behm, Esq.		4/22/04	
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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, BRUCE K 4410 KINGSFORT ROAD LITTLE RIVER, SC 29566	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, CAROLYN 4410 KINGSFORT ROAD LITTLE RIVER, SC 29566	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 		Carolynn Jones		4/22/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				723-515-5897	