

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90301 045 \*\*\*150.00

<b>DOCUMENT # P03000010259</b> 1. Entity Name <b>CLIPS MANAGEMENT INVESTMENT COMPANY</b>			
Principal Place of Business <b>12710 TAR FLOWER DRIVE TAMPA, FL 33626-2340</b>		Mailing Address <b>12710 TAR FLOWER DRIVE TAMPA, FL 33626-2340</b>	
2. Principal Place of Business <b>121 W. MINNEHABA ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>121 W. MINNEHABA ST</b> Suite, Apt. #, etc.	
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>	
Zip <b>33604</b>	Country <b>USA</b>	Zip <b>33604 RE</b>	Country <b>USA</b>
4. FEI Number <b>48-1294204</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GROFF, GEORGE 12710 TAR FLOWER DRIVE TAMPA, FL 33626-2340</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>121 W. MINNEHABA ST</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33604</b>	
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 <u><i>George P. Groff</i></u> <small>Signature, typed or printed name of registered agent and title (if applicable)</small>		<b>GEORGE P. GROFF</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE <b>4/23/05</b> <small>DATE</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROFF, GEORGE 12710 TAR FLOWER DRIVE TAMPA, FL 336262340	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>121 W. MINNEHABA ST TAMPA, FL 33604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>George P. Groff</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>GEORGE P. GROFF</b> <b>4/23/05</b> <b>813-748-0276</b> <small>Date Daytime Phone #</small>	