


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90177 032 \*\*\*150.00

<b>DOCUMENT # P03000039349</b> 1. Entity Name LOUIS MCCLOUD ENTERPRISES, INC.																											
Principal Place of Business 916 N 12TH STREET PALATKA, FL 32177		Mailing Address 916 N 12TH STREET PALATKA, FL 32177																									
2. Principal Place of Business 6770 St. Johns Ave APT # 721 Palatka, FL 32177		3. Mailing Address P.O. BOX 118 Palatka, FL 32178																									
4. FEI Number 74-3085959		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01202005 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent MCCLOUD, LOUIS 916 N 12TH STREET PALATKA, FL 32177		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not acceptable) 6770 St. Johns Ave APT # 721 City Palatka FL Zip Code 32177																									
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>X Louis Mc Cloud</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PRES</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCCLOUD, LOUIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>916 N 12TH STREET</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PALATKA, FL 32177</td> <td></td> </tr> </table>		TITLE	PRES	<input type="checkbox"/> Delete	NAME	MCCLOUD, LOUIS		STREET ADDRESS	916 N 12TH STREET		CITY- ST- ZIP	PALATKA, FL 32177		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P.O. BOX 118</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Palatka, FL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>32178</td> <td></td> </tr> </table>		TITLE	P.O. BOX 118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Palatka, FL		STREET ADDRESS			CITY- ST- ZIP	32178	
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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: X Louis Mc Cloud  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_