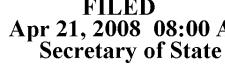
2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)



1. Entity Name					ary of Stat	
CLIPPER	DEVELOPMENT, INC.				iary or Stat	
Principal Place of Business 107 SW 140 TER #2 NEWBERRY FL 32669		Mailing Address 107 SW 140 TER #2 NEWBERRY FL 32669				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			(1015 11 11 11 11 11 11 11 11 11 11 11 11	
Suite, Apr. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034	(10/07)	
City & State		City & State		4. FEI Number 87-0695621	Applied For Not Applicable	
Zıp	Country	Z _i p	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registered	····	
			Name			
HARTLEY, ROBERT L 107 SW 140 TER			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
#2 NEWBERRY FL 32669						
			City	FL	Zip Code	
	tions of registered agent.		s registered office or registi FE Registered Agent signature reque	ered agent, or both, in the State of Florida. I am red when religious p. DATE.	familiar with, and accept	
After Make Chec	May 1, 2008 Fee Will Be \$550.00 k Payable to Florida Department of	O tate		9. Election Campaign Financ Trust Fund Centribution.	strig \$5.00 May Be Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTLEY, ROBERT L 107 SW 140TH TERR STE 2 NEWBERRY FL 32669	☐ De-cte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000911287 05/07/08-80034-0	☐ Change ☐ Addition	
TITUE NAME STREFT ADDRESS CITY-ST-ZIP	D HARTLEY, PHILLIP W 107 SW 140TH TERR STE 2 NEWBERRY FL 32669	☐ Derete	TITLE MAIME STREET ADDRESS GITY-ST-ZIP		☐ Change ☐ Addition	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTLEY, STEPHEN 107 SW 1401H TERR STE 2 NEWBERRY FL 32669	☐ De⊧ele	HILE NAME STHEET ADDRESS CITY-ST-ZIP		□ Change □ Addition	
TITLE NAME STRELT ADDRESS CITY-ST-ZIP		□ De [;] ete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ De'ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS		☐ De-ete	TITLE NAME STREET ADDRESS		Change Addition	

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplier of the properties 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 truster ambiowered 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 at other like empowered.

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Внушню Епопе #