

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050069

FILED  
Apr 04, 2008  
Secretary of State

**Entity Name:** CLEMONS LAND CLEARING AND CITRUS TREE REMOVAL, INC.

**Current Principal Place of Business:**

2240 NEWCOME RD  
ALTURAS, FL 33820

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 446  
ALTURAS, FL 33820

**New Mailing Address:**

PO BOX 446  
ALTURAS, FL 33820 US

**FEI Number:** 20-0988995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLEMONS, NORMAN J  
2240 NEWCOME RD  
ALTURAS, FL 33820 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CLEMONS, NORMAN J  
Address: 2240 NEWCOME RD  
City-St-Zip: ALTURAS, FL 33820

Title: VSTD ( ) Delete  
Name: CLEMONS, B. EMILEAN  
Address: 2240 NEWCOME RD  
City-St-Zip: ALTURAS, FL 33820

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CLEMONS, NORMAN J  
Address: 2240 NEWCOME RD  
City-St-Zip: ALTURAS, FL 33820 US

Title: VSTD (X) Change ( ) Addition  
Name: CLEMONS, B. EMILEAN  
Address: 2240 NEWCOME RD  
City-St-Zip: ALTURAS, FL 33820 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** B. EMILEAN CLEMONS

VPTS

04/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date