

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90077 017 ***150.00

DOCUMENT # P04000056793

1. Entity Name
VAN CLEAVE ENTERPRISES, INC.



Principal Place of Business
**9011 PINE CONE PL
BRADENTON, FL 34202**

Mailing Address
**9011 PINE CONE PL
BRADENTON, FL 34202**

50008173



2. Principal Place of Business

3711 EAGLE HAMMOCK DR

Suite, Apt. #, etc.

3. Mailing Address

3711 EAGLE HAMMOCK DR

Suite, Apt. #, etc.

01202005 Chg-P CR2E034 (10/03)

City & State

SARASOTA, FLORIDA

Zip
34240

Country
USA

City & State

SARASOTA, FLORIDA

Zip
34240

Country
USA

4. FEI Number

57-1202387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VAN CLEAVE, BRETT
9011 PINE CONE PL
BRADENTON, FL 34202**

7. Name and Address of New Registered Agent

Name **VAN CLEAVE, BRETT**

Street Address (P.O. Box Number is Not Acceptable)

3711 EAGLE HAMMOCK DR

City **SARASOTA**

FL

Zip Code
34240

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete
NAME **VAN CLEAVE, BRETT**
STREET ADDRESS **9011 PINE CONE PL**
CITY-ST-ZIP **BRADENTON, FL 34202**

TITLE **D** ☐ Delete
NAME **VAN CLEAVE, BRETT**
STREET ADDRESS **9011 PINE CONE PL**
CITY-ST-ZIP **BRADENTON, FL 34202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **VAN CLEAVE, BRETT**
STREET ADDRESS **3711 EAGLE HAMMOCK DR**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE ☒ Change ☐ Addition
NAME **VAN CLEAVE, BRETT**
STREET ADDRESS **3711 EAGLE HAMMOCK DR**
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRETT G. VAN CLEAVE 1/24/05 (94) 342-4333
PRESIDENT

Date

Daytime Phone #