

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2005 8:00 am
Secretary of State

05-03-2005 90108 049 ***150.00

DOCUMENT # P04000086091 1. Entity Name CLOVER LIMITED, INC.					
Principal Place of Business 321 S 2ND STREET FORT PIERCE, FL 34950			Mailing Address 321 S 2ND STREET FORT PIERCE, FL 34950		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 04272005	
5. Certificate of Status Desired <input type="checkbox"/>				Chg-P CR2E034 (10/03) <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BECHT, EDWARD W ESQ 321 S 2ND STREET FORT PIERCE, FL 34950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STANS, STEVEN H 321 S 2ND STREET FORT PIERCE, FL 34950		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	
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)(f), 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>Steven H. Stans</u> STEVEN H. STANS 4/27/05 774655500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <u>Clover Limited, Inc.</u>		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name <u>Steven H. Stans</u>
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <u>321 S. 2nd Street</u>		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code <u>Ft. Pierce, FL 34950</u>		5b City, state, and ZIP code
	6 County and state where principal business is located <u>St. Lucie County, FL</u>		
	7a Name of principal officer, general partner, grantor, owner, or trustee <u>Steven H. Stans</u>		7b SSN, ITIN, or EIN

8a Type of entity (check only one box)		<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Group Exemption Number (GEN) ▶ _____	
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <u>SS-4</u> <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country

9 Reason for applying (check only one box)		<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____	
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>hold real estate</u> <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____			

10 Date business started or acquired (month, day, year) <u>June 2, 2004</u>	11 Closing month of accounting year <u>December</u>
--	--

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ <u>N/A</u>			
--	--	--	--

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." ▶			
	Agricultural <u>0</u>	Household <u>0</u>	Other <u>0</u>

14 Check one box that best describes the principal activity of your business.		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) _____	
---	--	--	--

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>Holding real estate</u>	
---	--

16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.	
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶	Trade name ▶
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year)	City and state where filed
	Previous EIN

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ()
	Address and ZIP code	Designee's fax number (include area code) ()

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	
Name and title (type or print clearly) ▶ <u>Steven H. Stans, Director</u>	
Signature ▶ _____ Date ▶ _____	

Applicant's telephone number (include area code) <u>(772) 461-9784</u>	
Applicant's fax number (include area code) <u>(772) 465-5500</u>	

ATTACHMENT

Edward W. Becht, P.A.

66023521

P04000086091

ATTORNEY AT LAW
Post Office Box 2746 (34954)
321 South Second Street (34950)
Fort Pierce, Florida
Telephone: 772-465-5500
Fax: 772-465-8909

June 15, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Clover Limited, Inc.

Dear Sir or Madam:

Enclosed please find the Annual Report for the above referenced corporation. I also enclose a copy of the application for the Federal Employer Identification Number. This application will be submitted as soon as my client returns from vacation and has the opportunity to sign. If you have any questions, please do not hesitate to call this office. Thank you.

Very truly yours,



Edward W. Becht

EWB/mgg
Enclosures
cc: Mr. Steven Stans