

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90213 032 ***150.00

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04272006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000173139 1. Entity Name CLOVERLEAF TRAILS, INC.					
Principal Place of Business 5703 MAIN STREET NEW PORT RICHEY, FL 34652			Mailing Address 5703 MAIN STREET NEW PORT RICHEY, FL 34652		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			4. FEI Number		
LIVINGSTON, ROBERT E 445 S COMMERCE AVE SEBRING, FL 33870			APPLIED FOR* 20-2290139		
			Applied For Not Applicable		
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, ALTON D		NAME		
STREET ADDRESS	445 S COMMERCE AVE		STREET ADDRESS		
CITY - ST - ZIP	SEBRING, FL 33870		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, JASON B		NAME		
STREET ADDRESS	5703 MAIN STREET		STREET ADDRESS		
CITY - ST - ZIP	NEW PORT RICHEY, FL 34652		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Alton D. Rogers</i>			ALTON D. ROGERS		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			05/01/06		
			(727) 847-2100		
			Daytime Phone #		