


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90014 034 ***150.00

DOCUMENT # P05000018009	
1. Entity Name CLOVERLEA FARM OF WILLISTON, INC.	

Principal Place of Business 2550 NORTHEAST 170TH AVENUE WILLISTON, FL 32696	Mailing Address PO Box 299 2550 NORTHEAST 170TH AVENUE WILLISTON, FL 32696
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 299
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Williston, Florida
Zip	Zip 32696
Country	Country Levy

6. Name and Address of Current Registered Agent	
FUGATE, NORM D	
248 NORTHWEST MAIN STREET	
WILLISTON, FL 32696	

4. FEI Number 04-3308395	Applied For <input type="checkbox"/> 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	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P O'CONNER, PATRICIA P.O. BOX 299 WILLISTON, FL 32696	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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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 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>Patricia O'Conner</i>	3/1/08	352 425 1015
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>