

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90130 013 ***158.75

DOCUMENT # P06000011709																																																																																																																																																											
1. Entity Name HANDY CLIVE, INC.																																																																																																																																																											
Principal Place of Business 523 S.W. 71ST AVENUE N. LAUDERDALE, FL 33068			Mailing Address 523 S.W. 71ST AVENUE N. LAUDERDALE, FL 33068																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # 523 S.W. 71ST AVE		3. Mailing Address 523 S.W. 71ST AVE																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc. 71ST AVE																																																																																																																																																									
City & State North LAUDERDALE FL		City & State North LAUDERDALE FL		4. FEI Number 20-4121913																																																																																																																																																							
Zip 33068		Country U.S.A		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent LEWIS, CLIVE 523 S.W. 71ST AVENUE N. LAUDERDALE, FL 33068			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 \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">D LEWIS, CLIVE</td> <td style="width: 30%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 30%; padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">523 S.W. 71ST AVENUE</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">N. 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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: <u>CLive Lewis</u>			7-13-07 954-822-6415																																																																																																																																																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #																																																																																																																																																								

ATTACHMENT
40125488

7-13-07

To, whom it may concern,

Handy clive Inc # P06000011709

I writing you asking you for request
that I did not receive that notice
you sent in January I just receive the
card in the mail so I am asking
please if you could wave the late fee
of \$400 for I did not receive the
first notice.

Thank you very much
here I enclose a check of \$158.75

Thank again
Handy clive Inc

Clive Jewitt