

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

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**



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4121913	Applied For Not Applicable
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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEWIS, CLIVE
STREET ADDRESS	523 S.W. 71ST AVENUE
CITY-ST-ZIP	N. LAUDERDALE, FL 33068

TITLE	D
NAME	LEWIS, ANGELLA ANDREA
STREET ADDRESS	523 S.W. 71ST AVENUE
CITY-ST-ZIP	N. LAUDERDALE, FL 33068

TITLE	D
NAME	MCCALLA, KEMAR EATON
STREET ADDRESS	523 S.W. 71ST AVENUE
CITY-ST-ZIP	N. LAUDERDALE, FL 33068

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/08-80025-012 158.75

**DO NOT WRITE
IN THIS SPACE**

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: CLIVE Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-08-954-822-6415