

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000109891

**Entity Name:** FORD OF CLERMONT, INC.

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1101 E HIGHWAY 50  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

1850 E. MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND, FL 32952 US

**New Mailing Address:**

**FEI Number:** 20-5420505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MOSES, ALISON J ESQUIRE  
1850 E MERRITT ISLAND CSWY  
MERRITT ISLAND, FL 32952 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** DEARDOFF, R.BRUCE  
**Address:** 1850 E. MERRITT ISLAND CAUSEWAY  
**City-St-Zip:** MERRITT ISLAND, FL 32952 US

**Title:** V  
**Name:** DEARDOFF, MICHAEL G  
**Address:** 1850 E. MERRITT ISLAND CAUSEWAY  
**City-St-Zip:** MERRITT ISLAND, FL 32952 US

**Title:** ST  
**Name:** CHENEY, E. RENEE  
**Address:** 1850 E. MERRITT ISLAND CAUSEWAY  
**City-St-Zip:** MERRITT ISLAND, FL 32952 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** R BRUCE DEARDOFF

PD

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date