

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050469

FILED
Mar 21, 2008
Secretary of State

Entity Name: PINK CLOVER, INC.

Current Principal Place of Business:

4109 ROMA BOULEVARD
JACKSONVILLE, FL 32210

New Principal Place of Business:

3579 ST. JOHN'S AVENUE
JACKSONVILLE, FL 32205

Current Mailing Address:

4109 ROMA BOULEVARD
JACKSONVILLE, FL 32210

New Mailing Address:

3579 ST. JOHN'S AVENUE
JACKSONVILLE, FL 32205

FEI Number: 20-8917023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILHELM, MARK O ESQ.
50 N. LAURA STREET
2600
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CANADY, JANE C
Address: 4109 ROMA BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32210

Title: SEC () Delete
Name: CANADY, ANN S
Address: 4109 ROMA BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JANE CANADY

PRES

03/21/2008

Electronic Signature of Signing Officer or Director

Date