## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000024129

Entity Name: MICHAEL CLOYD INC

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2705 NW 104 AVENUE 109 SUNRISE, FL 33322

Current Mailing Address: New Mailing Address:

2705 NW 104 AVENUE 109 SUNRISE, FL 33322

FEI Number: 26-2109787 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ADAMS, GERALD II

113 NORTH FEDERAL HIGHWAY

DANIA BEACH, FL 33004 US

CLOYD, BARBARA L

2705 N W 104TH AVENUE

APT 109

SUNRISE, FL 33322 US

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: BARBARA L. CLOYD 04/22/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 CLOYD, MICHAEL
 Name:
 CLOYD, MICHAEL D

 Address:
 2705 NW 104TH AVENUE APT 109
 Address:
 2705 NW 104TH AVENUE APT 109

City-St-Zip: SUNRISE, FL 33322 City-St-Zip: SUNRISE, FL 33322

oty-5-21p. 350NNSE, i E 35322 350NNSE, i E 3532.

Title: TDS ( ) Delete Title: VP (X) Change ( ) Addition

Name: CLOYD, MICHAEL Name: CLOYD, BARBARA L

Address: 2705 NW 104TH AVENUE APT 109 Address: 2705 NW 104TH AVENUE APT 109

City-St-Zip: SUNRISE, FL 33322 City-St-Zip: SUNRISE, FL 33322

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: MICHAEL D. CLOYD PRES 04/22/2009