

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # P40631

1. Entity Name
CLIPPER '92 CORP.



Principal Place of Business
4710 EISENHOWER BOULEVARD, SUITE C-1
TAMPA, FL 33634

Mailing Address
4710 EISENHOWER BOULEVARD, SUITE C-1
TAMPA, FL 33634



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3141598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABRAMS, ALLAN
4710 EISENHOWER BLVD.
STE. C-1
TAMPA, FL 33634

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000702951
04/20/07-80121-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	HUNT, HAMILTON E., JR.
STREET ADDRESS	4710 EISENHOWER BL., C-1
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	DCT
NAME	ABRAMS, ELAINE
STREET ADDRESS	4710 EISENHOWER BLVD STE C
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D
NAME	ABRAMS, ALLAN
STREET ADDRESS	4710 EISENHOWER BL., C-1
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D
NAME	KNISPEL, ISABEL
STREET ADDRESS	4710 EISENHOWER BLVD., C-1
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	P
NAME	HOOVER, KRISTOPHER M
STREET ADDRESS	4710 EISENHOWER BLVD STE C-1
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristopher Hoover
President

2/28/07

Date

813-889-8855

Daytime Phone