2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90234 009 ***158.75

DOCUMENT # P92000009180

1. Entity Name
CLERMONT CORP. SOUTH FLORIDA, INC.

14010992

Principal Place of Business	Mailing Address
1400 CENTREPARK BLVD. #1000 WEST PALM BEACH, FL 33401	1400 CENTREPARK BLVD. #1000 WEST PALM BEACH, FL 33401

04232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
777 S. FLAGLER DR		777 S FLAGLER DR	
Suite, Apt. #, etc.: SUITE 500 EAST		Suite, Apt. #, etc.: SUITE 500 EAST	
City & State: WEST PALM BEACH, FL		City & State: WEST PALM BEACH, FL	
Zip: 33401	Country: USA	Zip: 33401	Country: USA

4. FEI Number: 01-0634079 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARIANI, JOHN F ESQ
LEVY KNEEN MARIANI LLC
1400 CENTREPARK BLVD STE 1000
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name: JOHN F. MARIANI, ESQ.
Street Address (P.O. Box Number Is Not Acceptable): GUNSTER, YOAKLEY + STEWART, P.A.
777 S. FLAGLER DR., SUITE 500 EAST
City: WEST PALM BEACH FL Zip Code: 33401

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] JOHN MARIANI 4/27/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, KEVIN 1480 RIVERSIDE DR.#1401 OTTAWA QB, CN K1GH2	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] KEVIN MURPHY 4/27/04 819-449-1866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #