

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000033478

1. Entity Name
CLOVERPLACE OPTICAL, INC.



FILED

04 SEP 13 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3317 TAMPA ROAD
PALM HARBOR, FL 34684

Mailing Address
3317 TAMPA ROAD
PALM HARBOR, FL 34684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08252004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3374111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, MICHAEL
3317 TAMPA ROAD
PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent

Name

Berni Joffe
3317 Tampa Rd

City

Palm Harbor

FL

Zip Code

34684

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 obligation

SIGNATURE

Signature: typed or printed name

Not Applicable

(NOTE: Registered Agent signature required when changing)

DATE

8/26/04

Berni Joffe
BERNI JOFFE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	BERNI JOFFE	
STREET ADDRESS	3317 TAMPA RD	
CITY-ST-ZIP	PALM HARBOR, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MICHAEL GOODWIN	
STREET ADDRESS	3317 TAMPA RD	
CITY-ST-ZIP	PALM HARBOR, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berni Joffe	
STREET ADDRESS	3317 Tampa Rd	
CITY-ST-ZIP	Palm Harbor FL	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Goodwin	
STREET ADDRESS	3317 Tampa Rd	
CITY-ST-ZIP	Palm Harbor FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Goodwin
MICHAEL GOODWIN
8/26/04
727-894-1100

DATE

Daytime Phone #

FROM : 3RD ST. OPTICIANS

FAX NO. : 727 894 1110

Sep. 14 2004 02:37PM P1



CLOVERPLACE OPTICAL
3317 TAMPA RD.
PALM HARBOR, FL. 34684
PH-787-3366 FAX. 787-8768

EMAIL thirdstreet2004@yahoo.com

TO: TYRONE SCOTT DEPARTMENT OF STATE

FM: MICHAEL GOODWIN

RE: OUR PHONE CONVERSATION

YOU HAVE MY PERMISSION TO DELETE MY NAME AND SIGNATURE FROM THE
RESPONSIBLE AGENT SECTION OF THE REINSTATEMENT FORM.