2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000022923

1. Entity Name
THE CLIPPER SHOPPE, INC.

Principal Place of Business	Mailing Address
17320 PANAMA CITY BCH PKWY #109 PANAMA CITY BCH, FL 32141-3	17320 PANAMA CITY BCH PKWY #109 PANAMA CITY BCH, FL 32141-3

DO NOT WRITE IN THIS SPACE

01122004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3439997	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOOVER, PATRICIA C
17320 PANAMA CITY BCH PKWY #109
PANAMA CITY BCH, FL 32141-3

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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, 2004 Fee will be $550.00

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

U0000051012
02/16/04-80058-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	HOOVER, PATRICIA C
STREET ADDRESS	17320 PANAMA CITY BCH PKWY,#109
CITY-ST-ZIP	PANAMA CITY BCH, FL 32413

TITLE	
NAME	
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CITY-ST-ZIP	

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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: *Patricia C. Hoover*, PATRICIA C. HOOVER 850-2348004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 2/12/04   Daytime Phone #