



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000022923	
1. Entity Name THE CLIPPER SHOPPE, INC.	

Principal Place of Business 17320 PANAMA CITY BCH PKWY #109 PANAMA CITY BCH, FL 32141-3	Mailing Address 17320 PANAMA CITY BCH PKWY #109 PANAMA CITY BCH, FL 32141-3
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DO NOT WRITE IN THIS SPACE

	
01102005 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3439997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST HOOVER, PATRICIA C 17320 PANAMA CITY BCH PKWY #109 PANAMA CITY BCH, FL 32413
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04/20/05-80006-016 150.00

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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 850-2348004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #