

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90001 027 ***150.00

DOCUMENT # P97000046061

1. Entity Name

CLOVER LEAF HOME SERVICES, INC.



Principal Place of Business

1118 CHAPARRAL DRIVE
LADY LAKE FL 32159

Mailing Address

1118 CHAPARRAL DRIVE
LADY LAKE FL 32159

2. Principal Place of Business

16577 SE 96TH AVE

Suite, Apt. #, etc.

3. Mailing Address

16577 SE 96TH AVE

Suite, Apt. #, etc.

City & State

Summerfield FL

City & State

Summerfield FL

4. FEI Number

59-3448769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUCK, RONALD L.
1118 CHAPARRAL DRIVE
LADY LAKE FL 32159

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
16577 SE 96TH AVE

City

Summerfield

FL

Zip Code

34491

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 RONALD L LUCK

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LUCK, RONALD L.
STREET ADDRESS 1118 CHAPARRAL DRIVE
CITY-ST-ZIP LADY LAKE FL 32159

TITLE VP ☐ Delete
NAME LUCK, NANCY
STREET ADDRESS 1118 CHAPARRAL DRIVE
CITY-ST-ZIP LADY LAKE FL 32159

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16577 SE 96TH AVE
CITY-ST-ZIP Summerfield FL 34491

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16577 SE 96TH AVE
CITY-ST-ZIP Summerfield FL 34491

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Nancy B Luck VP Nancy B. Luck VP 3/15/04 352-750-9494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

attachment
#P97000046061

attachment 3/15/04

#P97000046061
would some one please

send me the

"Fl. Intangible PPTax
form for 2004"

I have not received
it yet

Thank You
Nancy Luck
Cloverleaf Home Ser. Inc.

Mrs. Nancy B. Luck
16577 SE 96th Ave.
Summerfield, FL 34491