

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90009 045 ***150.00

DOCUMENT # P98000045487

1. Entity Name

SOUTH FLA OF CLEWISTON, INC.



Principal Place of Business
920 E DEL MONTE AVE
CLEWISTON FL 33440

Mailing Address
920 E DEL MONTE AVE
CLEWISTON FL 33440



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **65-0852603**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDRY, JOSEPH M II
606 SUGARLAND HIGHWAY
CLEWISTON FL 33440

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MARTIN, MARY ANN**
STREET ADDRESS **511 E. DELMONTE AVE**
CITY - ST - ZIP **CLEWISTON FL 33440**

☒ Change ☐ Addition
NAME **MARY ANN MARTIN**
STREET ADDRESS **920 E. Delmonte Ave.**
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition
NAME
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Mary Ann Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY ANN MARTIN

Date

Daytime Phone #

2-20-07 863983-3151