

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000102580

Entity Name: VAN CLEAVE, INC.

FILED  
Apr 04, 2005  
Secretary of State

**Current Principal Place of Business:**

5567 TAYLOR RD  
STE 12  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

5567 TAYLOR RD  
STE 12  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 59-3545803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VAN CLEAVE, HANS  
5567 TAYLOR RD  
STE 12  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VAN CLEAVE, HANS  
Address: 10687 WOODS CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HANS VAN CLEAVE

P

04/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date