

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000102580

Entity Name: VAN CLEAVE, INC.

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5567 TAYLOR RD  
STE 12  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 366157  
BONITA SPRINGS, FL 34136

**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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: VAN CLEAVE, HANS  
Address: 10687 WOODS CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: HANS VAN CLEAVE

PRES

02/24/2011

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

\_\_\_\_\_  
Date