

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 24, 2008 08:00 A  
Secretary of State

DOCUMENT # P99000007485

1. Entity Name  
CLEVELAND PROPERTIES GROUP, INC.



Principal Place of Business

3706 W MCKAY AVE  
TAMPA, FL 33609

Mailing Address

PO BOX 18343  
TAMPA, FL 33679-8343



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3555291

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GLEASON SAUNDERS, LIND R  
4502 ROSEMER RD  
TAMPA, FL 33609

DO NOT WRITE  
IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U000000867100  
04/08/08-80056-014 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
GLEASON SAUNDERS, LINDA R  
4502 ROSEMER RD.  
TAMPA, FL 33609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPSD  
BIGELOW, WILLIAM L  
1200 86TH AVENUE, NORTH  
ST. PETERSBURG, FL 33702

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Linda Saunders* LINDA SAUNDERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08  
Date

813/282-1564  
Daytime Phone #