

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/04)

**DOCUMENT # S11675**  
 1. Entity Name  
**CLOVER DEVELOPMENT STRATEGIES, INC.**

Principal Place of Business Mailing Address  
 1400 E. HILLSBORO BLVD. 1400 E. HILLSBORO BLVD.  
 STE 301 STE 301  
 DEERFIELD BCH FL 33441 DEERFIELD BCH FL 33441  
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt #, etc

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0228530** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 APELIAN, CLOVER  
 2677 S. OCEAN BLVD, STE. 4-C  
 BOCA RATON FL 33432

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	D	<input type="checkbox"/> Delete
NAME	APELIAN, CLOVER	
STREET ADDRESS	2677 S OCEAN BLVD. #4C	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	PTS	<input type="checkbox"/> Delete
NAME	APELIAN, CLOVER	
STREET ADDRESS	2677 S OCEAN BLVD. 4C	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000293438	
STREET ADDRESS	04/08/05-80027-021 150.00	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Cher B. G...* **4.6.05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #