

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K54353

**Entity Name:** CLIPPER WAY INC.

**Current Principal Place of Business:**

CLIPPER WAY INC.  
3873 ARNOLD AVENUE  
NAPLES, FL 34104-3301

**Current Mailing Address:**

CLIPPER WAY INC.  
3873 ARNOLD AVENUE  
NAPLES, FL 34104-3301 US

**FEI Number:** 65-0088941

**Certificate of Status Desired:** No

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

SARNS, DEAN M  
3873 ARNOLD AVENUE  
NAPLES, FL 34104 US

*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

**Officer/Director Detail :**

Title	DP	Title	STD
Name	SARNS, DEAN M	Name	SARNS, THEODORE
Address	CLIPPER WAY INC. 3873 ARNOLD AVENUE	Address	CLIPPER WAY INC. 3873 ARNOLD AVENUE
City-State-Zip:	NAPLES FL 34104-3301	City-State-Zip:	NAPLES FL 34104-3301

*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:** DEAN M SARNS

**PRESIDENT**

**04/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date