

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000009278

**Entity Name:** CLOVERDALE INN, INC,

**Current Principal Place of Business:**

1114 W. COUNTY LINE ROAD  
LUTZ, FL 33558

**Current Mailing Address:**

1114 W. COUNTY LINE ROAD  
LUTZ, FL 33558

**FEI Number:** 05-0594983

**Certificate of Status Desired:** No

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

COLE, KATHY L  
309 W MLKING BLVD  
TAMPA, FL 33603 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 P  
Name WELLS, STEPHANIE PAUL  
Address 2511 ANDREA LANE  
City-State-Zip: LUTZ FL 33549

*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:** STEPHANIE PAUL WELLS

**OWNER**

**03/26/2015**

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

\_\_\_\_\_ Date