

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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May 02, 2006 8:00 am
Secretary of State

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04282006 Chg-P CR2E034 (11/05)

DOCUMENT # 281501 1. Entity Name CLEGG & ASSOCIATES, INC.					
Principal Place of Business 1307 E. HOWE ST. BUNNELL, FL 32110 US				Mailing Address 21 NW IVANHOE BLVD ORLANDO, FL 32804 US	
2. Principal Place of Business 21 NW IVANHOE BLVD. Suite, Apt. #, etc.		3. Mailing Address 21 NW IVANHOE BLVD Suite, Apt. #, etc.		4. FEI Number 59-1050165 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State ORLANDO, FL		City & State ORLANDO, FL			
Zip 32804-5957	Country USA	Zip 32804-5957	Country USA		
6. Name and Address of Current Registered Agent SCHIMPF, KAREN C 21 NW IVANHOE BLVD ORLANDO, FL 32804				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 <u>KAREN C. SCHIMPF</u> <u>Karen C. Schimpf</u> <u>PRESIDENT</u> <u>4/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHIMPF, KAREN C 21 N IVANHOE BLVD ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AND TREASURER KAREN C. SCHIMPF SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP SCHIMPF, PETER J 21 NW IVANHOE BLVD ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AND SECRETARY PETER J. SCHIMPF SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLEGG, JOHN A P O BOX 7 NA BUNNELL, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Karen C. Schimpf</u> <u>KAREN C. SCHIMPF</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/28/06</u> <u>407-303-8555</u> <small>Date Daytime Phone #</small>			