

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 464276

FILED
Feb 09, 2005
Secretary of State

Entity Name: CLEMONS, RUTHERFORD AND ASSOCIATES, INC.

Current Principal Place of Business:

2027 THOMASVILLE ROAD
PO BOX 13739
TALLAHASSEE, FL 323170739

New Principal Place of Business:

Current Mailing Address:

2027 THOMASVILLE ROAD
PO BOX 13739
TALLAHASSEE, FL 323170739

New Mailing Address:

FEI Number: 59-1566490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUTHERFORD, WILLIAM D.
303 BROOKWOOD AVE
MADISON, FL 32340 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUTHERFORD, WILLIAM, D.
Address: 303 BROOKWOOD AVE.
City-St-Zip: TALLAHASSEE, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM D. RUTHERFORD

PD

02/09/2005

Electronic Signature of Signing Officer or Director

Date