2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 02, 2005 8:00 am
Secretary of State
02-02-2005 90040 022 ***150.00

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1. Entity Name
CLINTON AND COMPANY, INC.

400107?9

Principal Place of Business	Mailing Address
4112 NW 22ND DR. GAINESVILLE, FL 32605	1350 CONNECTICUT AVENUE NW SUITE 1102 WASHINGTON, DC 20036 US

01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1244568
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPT
NAME	CLINTON, WALTER
STREET ADDRESS	2102 CONNECTICUT AVE. NW #4
CITY-ST-ZIP	WASHINGTON, DC 20008
TITLE	CVS
NAME	CLINTON, GERALDINE
STREET ADDRESS	2102 CONNECTICUT AVE. NW #4
CITY-ST-ZIP	WASHINGTON, DC 20008
TITLE	D
NAME	YESNICK, DONALD
STREET ADDRESS	4141 N 26TH RD.
CITY-ST-ZIP	ARLINGTON, VA 22207
TITLE	P
NAME	BLANCHAD, WAYNE R
STREET ADDRESS	7218 NW 14TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	V
NAME	ZUPPAS, STEPHEN S
STREET ADDRESS	16509 GRAND VISTA DR.
CITY-ST-ZIP	DERWOOD, MD 20855
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen S Zuppas 1/25/05 202-223-4747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #