## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000003764

1. Entity Name

CLINTON AND COMPANY, INC.



FILED Feb 26, 2007 08:00 A Secretary of State

Principal Place of Business

4112 NW 22ND DR. GAINESVILLE, FL 32605 Mailing Address

1350 CONNECTICUT AVENUE NW

SUITE 1102

WASHINGTON, DC 20036 US



02072007

No Chg-P

CR2E034 (11/05)

4. FEI Number 52-1244568

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

After May 1, 2007 Fee will be \$550.00		
10.	OFFICERS AND DIREC	CTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT CLINTON, WALTER 2102 CONNECTICUT AVE. NW #4 WASHINGTON, DC 20008	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVS CLINTON, GERALDINE 2102 CONNECTICUT AVE. NW #4 WASHINGTON, DC 20008	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANCHAD, WAYNE R 7218 NW 14TH AVENUE GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZUPPAS, STEPHEN S 16509 GRAND VISTA DR. DERWOOD, MD 20855	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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** 

Nyton & ty

STEAHEN S. ZUAPAS

2/8/07

202-223-4747