

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F97000003764

1. Entity Name
CLINTON AND COMPANY, INC.



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)

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**

**DO NOT WRITE
IN THIS SPACE**

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**

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

10. OFFICERS AND DIRECTORS

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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03/07/07-80035-023-150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Stephen S. Zuppas

STEPHEN S. ZUPPAS

2/8/07

202-223-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #