## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

**FILED** Mar 03, 2008 08:00 A Secretary of State

DOCUMENT # F9700 1. Entity Name CLINTON AND COMPANY, IF		
Principal Place of Business 4112 NW 22ND DR. GAINESVILLE, FL 32605	Meiling Address 1350 CONNECTICUT AVENUE SUITE 1102 WASHINGTON, DC 20036	NW US



DO NOT WRITE IN THIS SPACE

Ftylen & Fry STEPHEN
BIGHATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

02292008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 52-1244568 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 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

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	named entity submits this statement for the pions of registered agent.	urpose of changing its regist	ered office or r	egistered agent, or bo	th, in the State of Florid	a. I am familiar with	, and accept
SIGNATURE_				• •	·	. :	<u>,                                     </u>
Signature, typed or printed name of registered agent and little II applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees			•
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-SI-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						.50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANCHAD, WAYNE R 7218 NW 14TH AVENUE GAINESVILLE, FL 32605			DO	NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZUPPAS, STEPHEN S 16509 GRAND VISTA DR. DERWOOD, MD 20855			IN <sup>3</sup>	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				• •	:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·				·		
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.							

STEPHEN S. ZUPPAS