


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G03374**  
 1. Entity Name  
**CLEVENGER & ASSOCIATES, P.A.**



Principal Place of Business      Mailing Address  
**3621 5 AVE. NO.**      **3621 5 AVE. NO.**  
**ST. PETERSBURG, FL 33713**      **ST. PETERSBURG, FL 33713**

**DO NOT WRITE IN THIS SPACE**



01132004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-2220525</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CLEVENGER, WALTER M.**  
**3621 5TH AVENUE NORTH**  
**ST. PETERSBURG, FL 33713**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	PD CLEVENGER, WALTER M. 6590 29TH AVENUE NORTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD CLEVENGER, DAVID M 11284 67TH AVE NO SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 03/08/04-80033-022 150.00

**DO NOT WRITE IN THIS SPACE**

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: Walter M Cleverger      **WALTER M CLEVENGER**  
 \_\_\_\_\_      **3 4 2004**      **727 321 1283**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #