

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G03374

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** CLEVINGER & ASSOCIATES, P.A.

**Current Principal Place of Business:**

3621 5 AVE. NO.  
ST. PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

3621 5 AVE. NO.  
ST. PETERSBURG, FL 33713

**New Mailing Address:**

FEI Number: 59-2220525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLEVINGER, WALTER M.  
3621 5TH AVENUE NORTH  
ST. PETERSBURG, FL 33713 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CLEVINGER, WALTER M.  
Address: 6590 29TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: VSTD  
Name: CLEVINGER, DAVID M  
Address: 8195 WILD OAKS CIRCLE  
City-St-Zip: LARGO, FL 33773

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID CLEVINGER

VP

03/29/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date