


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # J21103
 1. Entity Name
CLEVENGER ENTERPRISES, INC.



Principal Place of Business Mailing Address
139 HICKORYWOOD DR **139 HICKORYWOOD DR**
CRAWFORDVILLE, FL 32327 US **CRAWFORDVILLE, FL 32327 US**

DO NOT WRITE IN THIS SPACE



01302005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2687991 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
O'BRIEN, DIANNE
6523 AQUEDUCT CT
TALLAHASSEE, FL

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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 registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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, RICKY 139 HICKORYWOOD DR CRAWFORDVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLEVENGER, DONALD RT 2 BOX 24 LIBERTY, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MORTON, BEAKMAN 22 DRAGON WOOD CIR. CRAWFORDVILLE, FL 32327
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 exemption stated in Section 119.07(3)(f), 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: _____ **1-30 05** **850**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #