2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 09, 2006 08:00 AM DOCUMENT # J21103 **Secretary of State** 1. Entity Name CLEVENGER ENTERPRISES, INC. Principal Place of Business Mailing Address 139 HICKORY WOOD DR 139 HICKORY WOOD DR CRAWFORDVILLE FL 32327 CRAWFORDVILLE FL 32327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2687991 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'BRIEN, DIANNE Street Address (P.O. Box Number is Not Acceptable) 6523 AQUEDUCT CT TALLAHASSEE FL City Zip Code 3. 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 DATE (NOTE: Registered Agent signature required when teinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change DTLE A and TITLE ☐ Delete NAME CLEVENGER, RICKY NAME U000001426516 STREET ADDRESS STREET ADDRESS 139 HICKORYWOOD DR 02/20/06-80047-010 150.00 CITY-ST-ZIP CITY-ST-ZIP CRAWFORDVILLE FL Change Addition TITLE ☐ Delete TITLE NAME NAME CLEVENGER, DONALD STREET ADORESS STREET ADDRESS RT 2 BOX 24 CITY-ST-ZIP CITY-ST-ZIP LIBERTY IN TITLE VSD Delete HILL ☐ Change ____ Aùdijin NAME NAME MORTON, BEAKMAN STREET ADDRESS STREET ADDRESS 22 DRAGON WOOD CIR. CITY-ST-ZIP CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Addinio ☐ Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change □ Air" ☐ Delete 7171 F TITLE MARAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete ☐ Change Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7JP CITY-ST-782 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 cath, that I am an officer or director of the corporation or the receiver of 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.

FILED