2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED AND FILED

2/27/2006-90063-023-$75.00-$75.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000004843

1. Entity Name

~~O. CLINTON DELONG, III, A NON-PROFIT CORPORATION~~ CERTIFIED VOCATIONAL EVAL LLC

Principal Place of Business	Mailing Address
P O BOX 51001 SARASOTA FL 34232	P O BOX 51001 SARASOTA FL 34232

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2883789 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DELONG, OTIS C III 1517 N. CONRAD AVENUE SARASOTA FL 34237-3105	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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] 2/9/06

Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1st 2006

9. Election Campaign Financing Trust Fund Contribution. ☒ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD DELONG, OTIS C III 1517 N. CONRAD AVENUE SARASOTA FL 34237-3105	☐ Delete P/D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELONG, MIGDALIA O 1517 N. CONRAD AVENUE SARASOTA FL 34237-3105	☐ Delete VP/D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELONG, SARAH L 1517 N. CONRAD AVENUE SARASOTA FL 34237-3105	☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DON GRONBECK 112 W. GRAPEFRUIT CIR CLEARWATER, FL 34619	☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WILLIAM SHAUGHNESSY 103 S. BROADWAY SPARACK, NY 10968	☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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 617, 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: [signature] 2/9/06 941-321-0242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #