

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2004 08:00 AM
Secretary of State**

DOCUMENT # N25236 1. Entity Name COVINGTON & ASSOCIATES, INC.	
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Principal Place of Business 532 DR. M. M. BETHUNE BLVD. SUITE A DAYTONA BEACH, FL 32114 US	Mailing Address 532 DR. M. M. BETHUNE BLVD. SUITE A DAYTONA BEACH, FL 32114 US
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DO NOT WRITE IN THIS SPACE



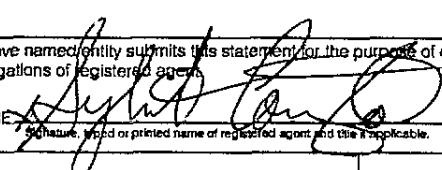
02152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2880288	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, S. LARUE 150 SOUTH PALMETTO DAYTONA BEACH, FL 32114

**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: _____

**Filing Fee is \$61.25
Due by May 1, 2004**

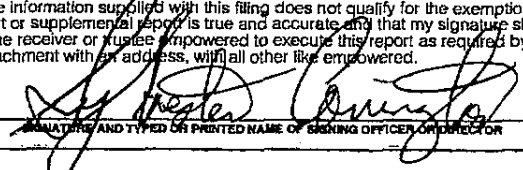
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000112830
04/14/04 00039 011 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COVINGTON, SYLVESTER 663 MADISON AVENUE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COVINGTON, GARRETTE B. 663 MADISON AVENUE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ELAM, MICHAEL A 1200 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 321202811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, ETHELREDA T 339 MARTIN LUTHER KING DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SESSOMS, ROBERT 801 WHITE STREET DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HALE, JEAN A 220 S RIDGEWOOD AVE DAYTONA BEACH, FL 32114

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

3/1/04 386-239-9155