

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000070132

**FILED  
Mar 12, 2007  
Secretary of State**

**Entity Name:** R.O. COVINGTON & ASSOCIATES, INC.

**Current Principal Place of Business:**

12 EAGLE AVE  
EAGLE LAKE, FL 33839

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1500  
EAGLE LAKE, FL 33839

**New Mailing Address:**

**FEI Number:** 03-0494413      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

COVINGTON, ROBERT O  
12 EAGLE AVE  
EAGLE LAKE, FL 33839      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: D            ( ) Delete  
Name: COVINGTON, ROBERT O  
Address: 12 EAGLE AVE  
City-St-Zip: EAGLE LAKE, FL 33839

Title: D            ( ) Delete  
Name: COVINGTON, WALDA  
Address: 12 EAGLE AVE  
City-St-Zip: EAGLE LAKE, FL 33839

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES        (X) Change ( ) Addition  
Name: COVINGTON, ROBERT O  
Address: 12 EAGLE AVE  
City-St-Zip: EAGLE LAKE, FL 33839

Title: TRES        (X) Change ( ) Addition  
Name: COVINGTON, WALDA  
Address: 12 EAGLE AVE  
City-St-Zip: EAGLE LAKE, FL 33839

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WALDA L COVINGTON

TRES

03/12/2007

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

\_\_\_\_\_ Date