

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90039 029 ***150.00

DOCUMENT # P03000061569 1. Entity Name CLIPSON INC.					
Principal Place of Business 5 HICKORY LOOP OCALA, FL 34472			Mailing Address 5 HICKORY LOOP OCALA, FL 34472		
2. Principal Place of Business 10950-11 San Jose Blvd Suite, Apt. #, etc.		3. Mailing Address 2817 Pratt Place Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 20-0041301	
Zip 32223		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32259		Country St. Johns		6. Name and Address of Current Registered Agent LOYD, GERALDINE 5 HICKORY LOOP OCALA, FL 34472	
7. Name and Address of New Registered Agent Name Thomas G. McLenahan, JR Street Address (P.O. Box Number is Not Acceptable) 2817 Pratt Place City Jacksonville FL Zip Code 32259		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 Thomas G. McLenahan (President, CLIPSON INC) 1/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLENAHAN, THOMAS G 1512 CARNOUSTIE DRIVE MCKINNEY, TX 75070	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McLanahan, Thomas G 2817 Pratt Place Jacksonville FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCLANAHAN, VICKI K 1512 CARNOUSTIE DRIVE MCKINNEY, TX 75070	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD McLanahan, Vicki K 2817 Pratt Place Jacksonville FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 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: Thomas G. McLenahan (PRES., CLIPSON INC) 1/27/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					