

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90189 038 ***150.00

DOCUMENT # P03000138653

1. Entity Name

JERRY CLEVINGER, INC.



Principal Place of Business

87 HARRY MORRISON ROAD
CRAWFORDVILLE FL 32327

Mailing Address

87 HARRY MORRISON ROAD
CRAWFORDVILLE FL 32327

2. Principal Place of Business

38 RESERVATION CT.

Suite, Apt. #, etc.

3. Mailing Address

38 RESERVATION CT.

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE, FL.

Zip

32327

Country

U.S.A.

City & State

CRAWFORDVILLE, FL.

Zip

32327

Country

U.S.A.

4. FEI Number

20-0416943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEVINGER, GERALD L.
87 HARRY MORRISON ROAD
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name

CLEVINGER, GERALD L.

Street Address (P.O. Box Number is Not Acceptable)

38 RESERVATION COURT.

City

CRAWFORDVILLE

FL

Zip Code

32327

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 GERALD L. CLEVINGER

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when constituting)

2-28-06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CLEVINGER, GERALD L.	
STREET ADDRESS	87 HARRY MORRISON ROAD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

Gerald L. Cleverger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-06

Date

850-926-8382

Daytime Phone #