

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90091 019 ***158.75

DOCUMENT # P03000139519

1. Entity Name

DONALD DUANE CLEVINGER, INC.



Principal Place of Business

42 MCCALLISTER ROAD
CRAWFORDVILLE, FL 32327 US

Mailing Address

42 MCCALLISTER ROAD
CRAWFORDVILLE, FL 32327 US

2. Principal Place of Business

87 HARRY MORRISON RD

Suite, Apt. #, etc.

3. Mailing Address

87 HARRY MORRISON RD

Suite, Apt. #, etc.

City & State

87 HARRY MORRISON RD

Zip

32327

Country

WAKULLA

City & State

87 HARRY MORRISON RD

Zip

32327

Country

WAKULLA

01132006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-0421181

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

CLEVINGER, DONALD D
42 MCCALLISTER ROAD
CRAWFORDVILLE, FL 32327

Name
CLEVINGER, DONALD D

Street Address (P.O. Box Number is Not Acceptable)
87 HARRY MORRISON RD

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CLEVINGER, DONALD D
STREET ADDRESS 42 MCCALLISTER ROAD
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME CLEVINGER, DONALD D
STREET ADDRESS 87 HARRY MORRISON RD
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donald Duane Clevenger

4/12/06 850-591-4012