

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/30/2004-90210-032-\$8.78-\$8.78

DOCUMENT # P03000139821

1. Entity Name
ROBERT CLEVENGER, INC.



FILED

04 NOV -5 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
440 WEST ORANGE STREET
LAKE ALFRED, FL 33850

Mailing Address
440 WEST ORANGE STREET
LAKE ALFRED, FL 33850

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132004 Chg-P CR2E034 (10/03)

4. FEI Number

200435653

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEVENGER, ROBERT
440 WEST ORANGE STREET
LAKE ALFRED, FL 33850

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 the if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: CLEVENGER, ROBERT
STREET ADDRESS: 440 WEST ORANGE STREET
CITY-ST-ZIP: LAKE ALFRED, FL 33850 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition
NAME: 800042523108
STREET ADDRESS: 11/05/04--01042--007
CITY-ST-ZIP: **150.00

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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CITY-ST-ZIP: ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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: Robert Clevencher Lee Robert Clevencher Lee 04-15-04

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #

863-5575926

To Whom it may concern,

Here is the Money Order for the Annual Report that Robert Clevenger owes. The Reason it is late because I had to have it traced. I guess it had gotten lost because they had sent one to replace it. I have kept in touch with you all to keep you enformed about what was going on. And I had a lady tell me to write this letter explaining what had happened. Encloused is a copy of the receipt where I had it traced, and the new Money Order. From what I was told I will be charged the late fee of \$400.00 for writing this letter explaining what had happened.

P.S.

Thank You
Jasha Morgan
863-557-5925

Change of Address

Robert Clevenger
P.O. Box 13
Lake Alfred, FL.

33850