


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90741 001 ***150.00
05-02-2005 90741 002 *****8.75

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| DOCUMENT # P03000139821 |  |
| 1. Entity Name ROBERT CLEVENGER, INC. | |

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| Principal Place of Business 440 WEST ORANGE STREET LAKE ALFRED, FL 33850 | Mailing Address 440 WEST ORANGE STREET LAKE ALFRED, FL 33850 |
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| 2. Principal Place of Business 360 24th St. NW Suite, Apt. #, etc. Winter Haven City & State Florida Zip 33880 | 3. Mailing Address P.O. Box 13 Suite, Apt. #, etc. Lake Alfred City & State Florida Zip 33850 |
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03222005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 20-0435653 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 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 Robert Cleveneger Street Address (P.O. Box Number is Not Acceptable) 360 24th St. NW Apt 115 City Winter Haven FL Zip Code 33880 |
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| 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 Robert Cleveneger DATE 3-22-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | |
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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLEVENGER, ROBERT <input checked="" type="checkbox"/> Delete 440 WEST ORANGE STREET LAKE ALFRED, FL 33850 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert Cleveneger 360 24th St. NW Apt 115 Winter Haven, FL 33880 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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| SIGNATURE: Robert Cleveneger <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date 3-22-05 <small>Date</small> | Daytime Phone # 557-5926 <small>Daytime Phone #</small> |
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