

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000139821

1. Entity Name  
ROBERT CLEVINGER, INC.



Principal Place of Business  
360 24TH ST NW APT 115  
WINTER HAVEN, FL 33880

Mailing Address  
P O BOX 13  
LAKE ALFRED, FL 33850

**DO NOT WRITE IN THIS SPACE**

**FILED  
Mar 21, 2006 8:00 am  
Secretary of State**

03-21-2006 90076 001 \*\*\*150.00  
03-21-2006 90076 002 \*\*\*\*\*8.75

**66006061**



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0435653	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

CLEVINGER, ROBERT  
360 24TH ST NW APT 115  
WINTER HAVEN, FL 33880

**DO NOT WRITE  
IN THIS SPACE**

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 Clevenger DATE 1-26-06  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE

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

8. Election Campaign Financing  
Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME CLEVINGER, ROBERT  
STREET ADDRESS 360 24TH ST N W APT 115  
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE  
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: Robert Clevenger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-06 557-5926  
Date Daytime Phone #