## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000082195

Entity Name: CLENNEY COMMUNICATIONS, INC.

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
805 EDGEWOOD DRIVE FT MEADE, FL 33841			
Current Mailing Address:		New Mailing Address:	
805 EDGEWOOD DRIVE FT MEADE, FL 33841			
FEI Number: 54-2176504	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLENNEY, VINCENT W
1203 EDGEWATER DR
LAKELAND, FL 33805 US

CLENNEY, VINCENT W
805 EDGEWOOD DRIVE
FT. MEADE, FL 33841 US

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.

SIGNATURE: 04/23/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition Title: ( ) Delete Title: CLENNEY, VINCENT W CLENNEY, VINCENT W Name: Name: 1203 EDGEWATER DR Address: 805 EDGEWOOD DRIVE Address: City-St-Zip: LAKELAND, FL 33805 City-St-Zip: FT. MEADE, FL 33841

Title: VP ( ) Delete Title: ( ) Change ( ) Addition Name: CLENNEY, RICHARD W Name:

Address: 805 EDGEWOOD DR Address: City-St-Zip: FT MEADE, FL 33841 City-St-Zip:

Title: ST ( ) Delete Title: ST (X) Change ( ) Addition

Name: LUNSFORD, SUSAN K Name: LUNSFORD, SUSAN K

Address: 805 EDGEWOOD DR Address: 715 SOUTH LAKESIDE TERRACE

City-St-Zip: FT MEADE, FL 33841 City-St-Zip: EAGLE LAKE, FL 33839

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN K. LUNSFORD MS. 04/23/2007