

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000101871

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: CLONCH & ASSOCIATES, INC.

## Current Principal Place of Business:

4929 VAN DYKE RD  
LUTZ, FL 33558

## New Principal Place of Business:

6106 SAVOY CIRCLE  
LUTZ, FL 33558

## Current Mailing Address:

4929 VAN DYKE RD  
LUTZ, FL 33558

## New Mailing Address:

6106 SAVOY CIRCLE  
LUTZ, FL 33558

FEI Number: 20-5281866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ATKINSON, LEE WM.  
4301 ANCHOR PLAZA PARKWAY  
SUITE 300  
TANPA, FL 33463 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CLONCH, NAAMAN  
Address: 6106 SAVOY CIRCLE  
City-St-Zip: LUTZ, FL 33558

Title: ST ( ) Delete  
Name: CLONCH, SHERRY  
Address: 6106 SAVOY CIRCLE  
City-St-Zip: LUTZ, FL 33558

Title: AST ( ) Delete  
Name: CLONCH, ALLISON  
Address: 2123 CENTER AVE  
City-St-Zip: MADISON, WI 53704

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHERRY A. CLONCH

ST

04/19/2009

Electronic Signature of Signing Officer or Director

Date