

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V16524

1. Entity Name  
CLIFTON B. MCGHIN AND ASSOCIATES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR -3 PM 12:32

Principal Place of Business  
1127 CLARK ST  
TALLAHASSEE, FL 32301 US

Mailing Address  
1127 CLARK ST  
TALLAHASSEE, FL 32301 US



2. Principal Place of Business  
1127 CLARK AVE.  
Suite, Apt. #, etc.

3. Mailing Address  
1127 CLARK AVE.  
Suite, Apt. #, etc.

02152006 Chg-P CR2E034 (11/05)

City & State  
Tallahassee, FL

City & State  
Tallahassee, FL

Zip  
32301

Country

Zip  
32301

Country

4. FEI Number  
59-3108282

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MCGHIN, TIMOTHY M.  
1127 CLARK ST  
TALLAHASSEE, FL 32301

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCGHIN, TIMOTHY M 1127 CLARK ST TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCGHIN, TIMOTHY M. 1127 CLARK AVE. TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MATTHEWS, RICHARD G 49 EAST 8TH STREET GREENSBORO, FL 323300255	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200068112002 03/20/06--01027--024 **150.00	<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 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-06 8505456627  
Date Daytime Phone #

3/3 av