

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V16524

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



Principal Place of Business
1127 CLARK AVE.
TALLAHASSEE, FL 32301 US

Mailing Address
1127 CLARK AVE.
TALLAHASSEE, FL 32301 US

FILED
2007 JAN 31 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3108282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCGHIN, TIMOTHY M
1127 CLARK AVE.
TALLAHASSEE, FL 32301

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

900087198679
02/02/07--01037--011 **150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCGHIN, TIMOTHY M
STREET ADDRESS	1127 CLARK AVE.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	VP
NAME	MATTHEWS, RICHARD G
STREET ADDRESS	49 EAST 8TH STREET
CITY-ST-ZIP	GREENSBORO, FL 323300255
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-07 850-545-6627
Date Daytime Phone #

1/31/07