


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 847966**  
 1. Entity Name  
**ST. CLAIR CORPORATION, INC.**



Principal Place of Business      Mailing Address  
**5182 GREYSTONE WAY**      **5182 GREYSTONE WAY**  
**BIRMINGHAM AL 35242**      **BIRMINGHAM AL 35242**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**STONEBURNER, GRESHAM R**  
**225 WATER STREET STE 2050**  
**JACKSONVILLE FL 32202**

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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SUTHERLIN, STEPHEN M.	
STREET ADDRESS	5182 GREYSTONE WAY	
CITY - ST - ZIP	BIRMINGHAM AL 35242	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AMARI, RICHARD S.	
STREET ADDRESS	96 WILLARD ST., STE #302	
CITY - ST - ZIP	COCOA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PAYNE, ROBERT W.	
STREET ADDRESS	289 SOUTH 7TH STREET	
CITY - ST - ZIP	GADSDEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUTHERLIN, GEORGE A.	
STREET ADDRESS	289 WEST PACES FERRY RD	
CITY - ST - ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUTHERLIN, KAREN B.	
STREET ADDRESS	302 W FLETCHER AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1000000043429  
 02/10/04-80063-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Steve Sutherlin*      **STEVE SUTHERLIN**      1/29/04      205-981-3891