

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 10, 2007 08:00 AM
Secretary of State**

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



Principal Place of Business
5182 GREYSTONE WAY
BIRMINGHAM, AL 35242

Mailing Address
5182 GREYSTONE WAY
BIRMINGHAM, AL 35242



07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2011515	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

STONEBURNER, GRESHAM R
841 PRUDENTIAL DRIVE
SUITE 1400
JACKSONVILLE, FL 32207

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

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUTHERLIN, STEPHEN M. 5182 GREYSTONE WAY BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMARI, RICHARD S. 96 WILLARD ST., STE #302 COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAYNE, ROBERT W. 269 SOUTH 7TH STREET GADSDEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTHERLIN, GEORGE A. 289 WEST PACES FERRY RD ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTHERLIN, KAREN B. 4811 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000767580
07/10/07-80010-008 150.00

**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: *Steve Sutherlin* **STEVE SUTHERLIN** 7-5-07 205-981-3891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #