

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 255263

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: CLONTZ CONSTRUCTION, INC.

**Current Principal Place of Business:**

1122-E LAKE DRIVE/POB 3851  
COCOA, FL 329243851

**New Principal Place of Business:**

1122-E LAKE DRIVE  
COCOA, FL 32922

**Current Mailing Address:**

1122-E LAKE DRIVE/POB 3851  
COCOA, FL 329243851

**New Mailing Address:**

P. O. BOX 3851  
COCOA, FL 329243851

FEI Number: 59-1000767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLONTZ, MICHAEL G  
1122 E. LAKE DRIVE  
COCOA, FL 32922 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: VD ( ) Delete  
Name: CLONTZ, HOMER G  
Address: 202 COQUINA DR  
City-St-Zip: COCOA, FL

Title: PD ( ) Delete  
Name: CLONTZ, MICHAEL G  
Address: 202 COQUINA DR  
City-St-Zip: COCOA, FL

Title: TD ( ) Delete  
Name: CLONTZ, BERTHA  
Address: 202 COQUINA DR  
City-St-Zip: COCOA, FL

**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: MICHAEL G. CLONTZ

PD

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date