2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 22, 2009
Secretary of State

DOCUMENT# 667952

Entity Name: CLAY OIL CORPORATION

Current Principal Place of Business:

42 SLEEPY HOLLOW RD
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

6353-1 ARGYLE FOREST BOULEVARD
JACKSONVILLE, FL 32244 US

Current Mailing Address:

42 SLEEPY HOLLOW RD
MIDDLEBURG, FL 32068 US

New Mailing Address:

6353-1 ARGYLE FOREST BOULEVARD
JACKSONVILLE, FL 32244 US

FEI Number: 59-1995103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACKBURN, DENNIS L
5150 BELFORT ROAD SOUTH
BUILDING 500
JACKSONVILLE, FL 32256 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ASHBY, JR, GEORGE H
Address: 42 SLEEPY HOLLOW ROAD
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: D/P ( ) Delete
Name: PATTERSON, KEITH
Address: 42 SLEEPY HOLLOW ROAD
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: VP/T ( ) Delete
Name: BOYLES, DARRELL E
Address: 42 SLEEPY HOLLOW ROAD
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: S ( ) Delete
Name: ALFRED, ALICIA F
Address: 42 SLEEPY HOLLOW ROAD
City-St-Zip: MIDDLEBURG, FL 32068 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D/P (X) Change ( ) Addition
Name: PATTERSON, KEITH
Address: 6353-1 ARGYLE FOREST BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: DIXON, DEBRA L
Address: 6353-1 ARGYLE FOREST BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32244 US

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: DEBRA L DIXON S 07/22/2009

Electronic Signature of Signing Officer or Director Date