


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 711875</b><br>1. Entity Name<br><b>CLAY COUNTY SHERIFF'S RESERVES, INC.</b> |  |
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|--|--|
| Principal Place of Business<br><b>901 NORTH ORANGE AVENUE<br/>GREEN COVE SPRINGS, FL 32043</b> | Mailing Address<br><b>P O BOX 548<br/>GREEN COVE SPRINGS, FL 32043</b> |
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02162006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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| 4. FEI Number<br><b>59-6000555</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>COWAN, MARK<br/>901 N ORANGE AVE<br/>GREEN COVE SPRINGS, FL 32043</b> |
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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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

000000461693  
03/21/06 80006-011 61.25

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALMEIDA, SANDY B<br>901 NORTH ORANGE AVENUE<br>GREEN COVE SPRINGS, FL 32043 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BESELER, RICK<br>901 NORTH ORANGE AVE.<br>GREEN COVE SPRINGS, FL 32043      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COWAN, MARK<br>901 ORANGE AVENUE<br>GREEN COVE SPRINGS, FL 32043            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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 617, 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:** Sandra B. Almeida  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/06**

**904-278-3888**

Date Daytime Phone #