

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850511

FILED  
Mar 21, 2006  
Secretary of State

Entity Name: CLAY COUNTY PORT, INC.

## Current Principal Place of Business:

11453 ROCKVILLE RD  
ROCKVILLE, VA 23146 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 40  
ROCKVILLE, VA 23146 US

## New Mailing Address:

FEI Number: 62-1126614      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCGOWAN, P. TED  
954 MARTIN AVE. HWY 16 EAST  
GREEN COVE SPRINGS, FL 32043 US

## Name and Address of New Registered Agent:

MCGOWAN, P. TED  
1065 BULKHEAD ROAD HWY 16 EAST  
GREEN COVE SPRINGS, FL 32043 US

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: P. TED MCGOWAN

03/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MARTIN, GLENN R.,  
Address: 2700 TUFTON AVENUE  
City-St-Zip: GLYNDON, MD 21071

Title: VPD ( ) Delete  
Name: J.W.Y. MARTIN JR,  
Address: 2700 TUFTON AVE  
City-St-Zip: GLYNDON, MD 21071

Title: VPD ( ) Delete  
Name: ROBERTS, NANCY M  
Address: 3201 TUFTON AVE  
City-St-Zip: GLYNDON, MD 21071

Title: VPSD ( ) Delete  
Name: J.W.Y. MARTIN III,  
Address: P. O. BOX 652 1 SPRING ROAD  
City-St-Zip: ROSS, CA 94957

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: GLENN R. MARTIN,  
Address: 2700 TUFTON AVENUE  
City-St-Zip: GLYNDON, MD 21071

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

Title: VPD (X) Change ( ) Addition  
Name: NANCY M. ROBERTS,  
Address: 3201 TUFTON AVE  
City-St-Zip: GLYNDON, MD 21071

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY M. ROBERTS

VP

03/21/2006

Electronic Signature of Signing Officer or Director

Date