

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850511

FILED
Feb 05, 2009
Secretary of State

Entity Name: CLAY COUNTY PORT, INC.

Current Principal Place of Business:

5300 HICKORY PARK DR.
SUITE 101
GLEN ALLEN, VA 23059 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
1065 BULKHEAD ROAD HWY 16 EAST
GREEN COVE SPRINGS, FL 32043 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: DP () Delete
Name: GLENN R. MARTIN,
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: NANCY M. ROBERTS,
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: MARTIN, GLENN R
Address: 2700 TUFTON AVENUE
City-St-Zip: GLYNDON, MD 21071

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

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

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

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: NANCY M. REOBERTS

VP

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date