

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850511

FILED  
Feb 15, 2010  
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  
Name: MARTIN, GLENN R  
Address: 2700 TUFTON AVENUE  
City-St-Zip: GLYNDON, MD 21071

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

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

Title: VPSD  
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 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 all other like empowered.

SIGNATURE: NANCY M. ROBERTS

VP

02/15/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date