2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State
03-29-2006 90152 001 ***317.50

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1. Entity Name
CLARY & ASSOCIATES, INC.

66007512

Principal Place of Business	Mailing Address
3830 CROWN POINT ROAD SUITE A JACKSONVILLE, FL 32257	3830 CROWN POINT ROAD SUITE A JACKSONVILLE, FL 32257

03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2294688
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, DOUGLAS A.
1301 GULF LIFE DR, STE 1500
JACKSONVILLE, FL 32207

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	CLARY, GREGORY B
STREET ADDRESS	3830 CROWN POINT RD S-A
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	S
NAME	CLARY, GREGORY B
STREET ADDRESS	3830 CROWN POINT RD S-A
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	Tina Jo Clary Treasurer
NAME	3609 Trail Ridge Road
STREET ADDRESS	Middleburg, Fl 32068
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 607, 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: _____ 3/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #