

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J38275

Entity Name: TOM MCCLAVE, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

1225 SE 12TH AVE.
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

403 TILFORD S
403
DEERFIELD BEACH, FL 33442

Current Mailing Address:

1225 SE 12TH AVE.
DEERFIELD BEACH, FL 33441

New Mailing Address:

403 TILFORD S
403
DEERFIELD BEACH, FL 33442

FEI Number: 59-2736149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLAVE, THOMAS P.
1225 SE 12TH AVE.
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

MCCLAVE, THOMAS P.
403 TILFORD S
403
DEERFIELD BEACH, FL 33442 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:

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MCCLAVE, THOMAS
Address: 1225 SE 12TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D () Delete
Name: MCCLAVE, THOMAS
Address: 1225 SE 12TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: MCCLAVE, THOMAS
Address: 403 TILFORD S
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D (X) Change () Addition
Name: MCCLAVE, THOMAS
Address: 403 TILFORD S
City-St-Zip: DEERFIELD BEACH, FL 33442

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: THOMAS P. MCCLAVE

PST

04/21/2009

Electronic Signature of Signing Officer or Director

Date