

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046735

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Entity Name:** CLAY OWENS CARPENTRY, INC.

**Current Principal Place of Business:**

3535 N. HWY US1  
SUITE 107  
COCOA, FL 32926 US

**Current Mailing Address:**

P. O. BOX 236995  
COCOA, FL 329236995 US

**New Principal Place of Business:**

8010 N. ATLANTIC AVE.  
STE 8  
CAPE CANAVERAL, FL 32920 US

**New Mailing Address:**

8010 N. ATLANTIC AVE.  
STE 8  
CAPE CANAVERAL, FL 32920 US

**FEI Number:** 59-3720636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OWENS, CLAYTON S  
3535 N. HWY US1  
SUITE 107  
COCOA, FL 32926 US

**Name and Address of New Registered Agent:**

OWENS, CLAYTON S  
8010 N. ATLANTIC AVE.  
STE 8  
CAPE CANAVERAL, FL 32920 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:**

02/26/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** OWENS, CLAYTON S  
**Address:** 8010 N. ATLANTIC AVE.  
**City-St-Zip:** CAPE CANAVERAL, FL 32920

**Title:** D  
**Name:** OWENS, SHELLY L  
**Address:** 8010 N. ATLANTIC AVE.  
**City-St-Zip:** CAPE CANAVERAL, FL 32920

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:** CLAYTON S. OWENS

PRES

02/26/2010

Electronic Signature of Signing Officer or Director

Date