

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057050

FILED
Apr 25, 2008
Secretary of State

Entity Name: JOHN ST. CLAIR & ASSOCIATES, INC.

Current Principal Place of Business:

9447 OLD LAKELAND HWY.
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2456
DADE CITY, FL 33526

New Mailing Address:

FEI Number: 59-3725430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. CLAIR, JOHN
9447 OLD LAKELAND HWY
DADE CITY, FL 33525 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: VP () Delete
Name: ST. CLAIR, JACKIE
Address: P.O. BOX 2456
City-St-Zip: DADE CITY, FL 33526

Title: P (X) Delete
Name: ST CLAIR, JOHN
Address: P.O. BOX 2456
City-St-Zip: DADE CITY, FL 33526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ST. CLAIR, JOHN
Address: P.O. BOX 2456
City-St-Zip: DADE CITY, FL 33526

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN ST. CLAIR

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04/25/2008

Electronic Signature of Signing Officer or Director

Date