2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008
Secretary of State

DOCUMENT# P01000081418

Entity Name: LAW OFFICE OF CONNIE RENEE CLAY, P.A.

Current Principal Place of Business:

7807 MARION ST
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 26459
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 58-2643452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAY, CONNIE RENEE
7807 MARION ST
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

CLAY WOODARD, CONNIE R ESQUIRE
7807 MARION ST
JACKSONVILLE, FL 32208 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: CONNIE R CLAY WOODARD 04/04/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: WOODARD, CLAY
Address: 7807 MARION ST
City-St-Zip: JACKSONVILLE, FL 32208

Title: PTSD (X) Delete
Name: RENEE, CONNIE
Address: 7807 MARION ST
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: CLAY WOODARD, CONNIE R PTSD
Address: 7807 MARION ST
City-St-Zip: JACKSONVILLE, FL 32208

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: CONNIE R CLAY WOODARD PTSD 04/04/2008
Electronic Signature of Signing Officer or Director Date