

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120338

Entity Name: CONNEMARA FINANCE COMPANY

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

2022 HENDRICKS AVE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2022 HENDRICKS AVE
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 01-0561330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKBURN & COMPANY, LC
5150 BELFORT ROAD SOUTH
BLDG 500
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

MASON IV, WILLIAM M
2022 HENDRICKS AVE.
JACKSONVILLE, FL 32207 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: W M MASON IV

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: MASON, RAYMOND K
Address: 2022 HENDRICKS AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP (X) Delete
Name: STEUERT, RAYMOND A
Address: 2358 RIVERSIDE AVE 902
City-St-Zip: JACKSONVILLE, FL 32204

Title: T () Delete
Name: SALEN, SHERRIE
Address: 2022 HENDRICKS AVE.
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: PRITCHETT, ANNETTE
Address: 2022 HENDRICKS AVE.
City-St-Zip: JACKSONVILLE, FL 32207

Title: P () Delete
Name: GLOVER, JOHN C
Address: 1960 MORNINGSIDE STREET
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: RAYMOND K. MASON

DCEO

01/07/2008

Electronic Signature of Signing Officer or Director

Date