# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 26, 2009**
**Secretary of State**

DOCUMENT# P01000120338

**Entity Name:** CONNEMARA FINANCE COMPANY

**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 (X)**

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

BLACKBURN & COMPANY, L.C.
5150 BELFORT RD S BLDG 500
JACKSONVILLE, FL 32256 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: DCEO ( ) Delete
Name: MASON, RAYMOND K
Address: 2022 HENDRICKS AVE
City-St-Zip: JACKSONVILLE, FL 32207

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:

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: SHERRIE SALEN T 01/26/2009

Electronic Signature of Signing Officer or Director — Date