2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# P02000043506

Entity Name: HIGHWATER CLAYS OF FLORIDA, INC.

Current Principal Place of Business:

420 22ND ST S
SAINT PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

600 RIVERSIDE DR
ASHEVILLE, NC 28801

New Mailing Address:

FEI Number: 02-0578859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNAUST, WARREN
2167 5TH AVE N
ST PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

ST.ONGE, FEI-WEN
420 22ND ST SOUTH
ST PETERSBURG, FL 33712 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: FEI-WEN ST.ONGE 05/12/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: MCCARTHY, GAIL H
Address: 600 RIVERSIDE DR
City-St-Zip: ASHEVILLE, NC 28801

Title: P ( ) Delete
Name: MCCARTHY, BRIAN T
Address: 600 RIVERSIDE DR
City-St-Zip: ASHEVILLE, NC 28801

Title: P ( ) Delete
Name: ST. ONGE, JONATHAN B
Address: 600 RIVERSIDE DR
City-St-Zip: ASHEVILLE, NC 28801

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: MCCARTHY, GAIL H
Address: 600 RIVERSIDE DR
City-St-Zip: ASHEVILLE, NC 28801

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

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

Title: T ( ) Change (X) Addition
Name: ST.ONGE, FEI-WEN
Address: 600 RIVERSIDE DR.
City-St-Zip: ASHEVILLE, NC 28801

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: FEI-WEN ST.ONGE T 05/12/2009
Electronic Signature of Signing Officer or Director Date