FILED 2007 FOR PROFIT CORPORATION Jan 23, 2007 08:00 AM ANNUAL REPORT **Secretary of State DOCUMENT # P02000077593** 1. Entity Name CLAY COUNTY DEVELOPMENT COMPANY, INC. Principal Place of Business Mailing Address 3620 PEORIA RD 3620 PEORIA RD ORANGE PARK, FL 32065 ORANGE PARK, FL 32065 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 52-2370684 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WRIGHT, L JOHN 3620 PEORIA RD ORANGE PARK, FL 32065 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WRIGHT, L JOHN NAME Unconosaanna STREET ADDRESS 3620 PEORIA RD ORANGE PARK, FL 32065 CITY-ST-ZIP

01/25/07-80009-011 150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

is filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information up and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director contains the containing of 12. I hereby certify that the information supplied indicated on this report or supplemental re of the corporation or the receiver or this lea changed, or on an attachment with a like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #