

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000012433

FILED  
May 01, 2009  
Secretary of State

Entity Name: CLEMONS DESIGN & CONSTRUCTION, INC.

**Current Principal Place of Business:**

11195 NW WOODY RD.  
ALTHA, FL 32421

**New Principal Place of Business:**

**Current Mailing Address:**

11195 NW WOODY RD.  
ALTHA, FL 32421

**New Mailing Address:**

FEI Number: 35-2228657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLEMONS, DANIEL  
11195 NW WOODY RD.  
ALTHA, FL 32421 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

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: P ( ) Delete  
Name: CLEMONS, DANIEL  
Address: P.O. BOX 534  
City-St-Zip: ALTHA, FL 32421

Title: D ( ) Delete  
Name: FOSTER, THOMAS W  
Address: 12955 NW WOODMEN DR.  
City-St-Zip: CLARKSVILLE, FL 32430

Title: V ( ) Delete  
Name: CLEMONS, TIMOTHY R  
Address: 12811 NW PENDARVIS RD.  
City-St-Zip: CLARKSVILLE, FL 32430

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CLEMONS, DANIEL  
Address: 11195 NW WOODY RD.  
City-St-Zip: ALTHA, FL 32421

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: DANIEL CLEMONS

P

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date