

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161821

FILED
Apr 11, 2008
Secretary of State

Entity Name: CLAY PUMP & INDUSTRIAL SUPPLIES INC.

Current Principal Place of Business:

1003 IDLEWILD AVE
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 505
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 20-3954545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLACE, GARY
6034 CHESTER AVE
SUITE 105
JACKSONVILLE, FL 32217 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: P () Delete
Name: OWEN, WILMA
Address: 2271 WASHINGTON AVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP () Delete
Name: OWEN, DALE
Address: 2271 WASHINGTON AVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SEC () Delete
Name: OWEN, CHARLES
Address: 2904 VINEWOOD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TRES () Delete
Name: DEEL, JAMIE
Address: 1890 LOST ACRE RD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: WILMA OWEN

PRES

04/11/2008

Electronic Signature of Signing Officer or Director

Date