

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000161821

FILED  
May 03, 2009  
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

**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: SEC (X) Change ( ) Addition  
Name: OWEN, CHARLES  
Address: 3710 SUMMIT OAK DRIVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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

P

05/03/2009

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

\_\_\_\_\_  
Date