## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000014509

Entity Name: ALBERTA KATHERINE MAGAZINE, INC.

FILED Apr 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7807 MARION STREET JACKSONVILLE, FL 32208

Current Mailing Address: New Mailing Address:

7807 MARION STREET JACKSONVILLE, FL 32208

FEI Number: 06-1769142 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CLAY, CONNIE R
7807 MARION STREET
7807 MARION STREET
JACKSONVILLE, FL 32208 US
CLAY WOODARD, CONNIE R
7807 MARION STREET
JACKSONVILLE, FL 32208 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: CONNIE R. CLAY WOODARD 04/19/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete Title: (X) Change ( ) Addition WOODARD, CLAY CLAY WOODARD, CONNIE R Name: Name: 7807 MARION STREET 7807 MARION STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32208

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ( ) Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change ( ) Addition}$ 

 Name:
 WOODARD, DARRELL
 Name:
 WOODARD, DARRELL L

 Address:
 7807 MARION ST
 Address:
 7807 MARION ST

City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32208

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: CONNIE R. CLAY WOODARD PRES 04/19/2008

Electronic Signature of Signing Officer or Director

Date