

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041880

FILED
Mar 27, 2009
Secretary of State

Entity Name: THE CLAY SELLERS ALLSTATE AGENCY INC.

Current Principal Place of Business:

2553 N ATLANTIC AVE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

18 BOVARD AVE SUITE # B
ORMOND BEACH, FL 32176

Current Mailing Address:

2553 N ATLANTIC AVE
DAYTONA BEACH, FL 32118

New Mailing Address:

18 BOVARD AVE SUITE # B
ORMOND BEACH, FL 32176

FEI Number: 38-3755665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELLERS, CLAVES E
33 PICKERING DR
PALM COAST, FL 32164 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: SELLERS, CLAVES E
Address: 33 PICKERING DR
City-St-Zip: PALM COAST, FL 32164

Title: VP () Delete
Name: SELLERS, JILL M
Address: 33 PICKERING DR
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CLAVES SELLERS

PRES

03/27/2009

Electronic Signature of Signing Officer or Director

Date