## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## May 15, 2008 8:00 am Secretary of State DOCUMENT # P95000061239 05-15-2008 90025 009 \*\*\*150.00 CLYDE W. DAVIS, P.A. Principal Place of Business Mailing Address 4W1UC042 20 SOUTH FIFTH STREET 20 SOUTH FIFTH STREET FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 2. Principal Place of Business - No P.O. Box # 960185 Gateway Blvd. . Mailing Address **960185 Gateway Blvd.** Suite, Apt. #, etc. Suite, Apt. #, etc. 04242008 Chg-P CR2E034 (12/06) <u>Ste. 104</u> <u>Ste. 104</u> FEI Number Applied For Fernandina Bch., FL Fernandina Bch., 59-3333121 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П 32034 Fee Required <u> 32034</u> Nassau Nassau 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, CLYDE W Street Address (P.O. Box Number is Not Acceptable) 960185 Gateway Blvd., 20 SOUTH FIFTH STREET 104 FERNANDINA BEACH, FL 32034 <sup>City</sup> **Fernandina Beach** 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 пт mm **2** 000000 DAVIS, CLYDE W 0000 00000 960185 Gateway Blvd., Ste. 20 SOUTH FIFTH STREET ammonin (11111)(1111)(1111) FERNANDINA BEACH, FL Fernandina Beach, FL 32034 OUDCITICON (11011) посл 0000 (пинини) OMO CO CO CO ann ш **000** B 0000 (111100011111) mna nman ammuoom) and THE 0000 0000 erri mooran CECCOTOCIES CHICO) шп omn. DETECT OF CONTINUENCE 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate a part hat my 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. This report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. Clyde W. Davis 904.261.2848 SIGNATURE: SIGNARIME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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