2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000029092

MIAMI, FL 33160

City-St-Zip:

Entity Name: CLANCY COMPANY, INC.

FILED May 02, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
285 HIGH\ DESTIN, F	WAY 98 EAST, STE A FL 32578 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	OOD ROAD LTON BEACH, FL 32547 US			
FEI Number:	: 59-3377102 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			New Registered Agent:	
	SEAN OOD ROAD LTON BEACH, FL 32547 US			
	e named entity submits this statement for the perfection of the pe	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TD () Delete CLANCY, CYRIL J 209 HAWTHORNE CIRCLE FT. WALTON BEACH, FL 32548	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete CLANCY, MARY E 209 HAWTHORNE CIRCLE FT. WALTON BEACH, FL 32548	Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PD () Delete CLANCY, SEAN 5 SHERWOOD RD FORT WALTON BEACH, FL 32547	Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	VD () Delete CLANCY, LAUREN 3522 NE 174TH STREET, #308	Title: (Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: SEAN CLANCY PD 05/02/2008