

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000086556

FILED
Jan 16, 2007
Secretary of State

Entity Name: CLARION CAPITAL CORPORATION

Current Principal Place of Business:

7103 LILLIAN HWY
POB 36061
PENSACOLA, FL 32506

New Principal Place of Business:

7103 LILLIAN HWY
PENSACOLA, FL 32506

Current Mailing Address:

PO BOX 36061
PENSACOLA, FL 325166061

New Mailing Address:

FEI Number: 59-3406583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANAGNOS, ANNE
7103 LILLIAN HWY
PENSACOLA, FL 32506 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: LEAHY, JOHN W
Address: 7103 LILLIAN HWY, PO BOX 36061
City-St-Zip: PENSACOLA, FL 32506

Title: T () Delete
Name: ANAGNOS, ANNE
Address: 7103 LILLIAN HWY, POB 36061
City-St-Zip: PENSACOLA, FL 32506

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: ANAGNOS, ANNE
Address: 7103 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506

Title: D () Change (X) Addition
Name: LEAHY, JOHN W
Address: 7103 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN W LEAHY

P

01/16/2007

Electronic Signature of Signing Officer or Director

_____ Date