2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000086556

Address:

City-St-Zip:

7103 LILLIAN HWY

PENSACOLA, FL 32506

Entity Name: CLARION CAPITAL CORPORATION

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7103 LILLIAN HWY PENSACOLA, FL 32506 **Current Mailing Address: New Mailing Address:** PO BOX 36061 PO BOX 36061 PENSACOLA, FL 325166061 PENSACOLA, FL 32516 FEI Number: 59-3406583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ANAGNOS, ANNE ANAGNOS, ANNE 3965 BAYWOODS DRIVE 7103 LILLIAN HWY PENSACOLA, FL 32506 US PENSACOLA, FL 32504 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: ANNE ANAGNOS 04/14/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LEAHY, JOHN W Name: Name: 7103 LILLIAN HWY, PO BOX 36061 Address: Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: Title: () Delete Title: () Change () Addition ANAGNOS, ANNE Name: Name: 7103 LILLIAN HWY, POB 36061 Address: Address: PENSACOLA, FL 32506 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition ANAGNOS, ANNE Name: Name: 7103 LILLIAN HWY Address: Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: Title: () Delete Title: () Change () Addition LEAHY, JOHN W Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ANNE ANAGNOS S 04/14/2009