



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90008 037 \*\*\*150.00

<b>DOCUMENT # P96000094965</b> 1. Entity Name <b>SCHOONER DANIEL WEBSTER CLEMENTS, INC.</b>					
Principal Place of Business <b>600 HIGHWAY 98 EAST DESTIN, FL 32541</b>				Mailing Address <b>P.O. BOX 282 DESTIN, FL 32540</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>4009 INDIAN TRAIL</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>DESTIN, FL</b>		City & State <b>DESTIN, FL</b>			
Zip <b>32541</b>		Country <b>USA</b>		4. FEI Number <b>59-3455890</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01292008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>CAMPBELL, WILLIAM F 600 HIGHWAY 98 EAST DESTIN, FL 32541</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CAMPBELL, WILLIAM F</b> <b>600 HWY 98 E</b> <b>DESTIN, FL 32541</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4009 INDIAN TRAIL</b> <b>DESTIN, FL 32541</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 and that 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 to execute 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, with all other like empowered.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>1/29/08</b> Daytime Phone # <b>837-3438</b>		