

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90097 031 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000020227

1. Entity Name

JOHN MCCLOW & ASSOCIATES, INC.



40075794

Principal Place of Business

5335 ORTEGA BLVD
JACKSONVILLE, FL 32210

Mailing Address

5335 ORTEGA BLVD
JACKSONVILLE, FL 32210

2. Principal Place of Business - No P.O. Box #

5335 ORTEGA BLVD.

3. Mailing Address

5335 ORTEGA BLVD

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

04112008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3494709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLOW, JOHN W
4330 APPLETON AVENUE 5335 ORTEGA BLVD.
JACKSONVILLE, FL 32210-3225

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

John W. McCLOW President

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MCCLOW, JOHN W
STREET ADDRESS 4330 APPLETON AVENUE 5335 ORTEGA BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32210-3225

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

John W. McCLOW JOHN W. MCCLOW

4-16-08

904 389-5537