

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000083272

Entity Name: WILLIAM CLAY, P.A.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

317 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779

New Principal Place of Business:

317 WEKIVA SPRINGS ROAD
100
LONGWOOD, FL 32779

Current Mailing Address:

317 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779

New Mailing Address:

317 WEKIVA SPRINGS ROAD
100
LONGWOOD, FL 32779

FEI Number: 59-3533817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLAY, WILLIAM
317 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

CLAY, WILLIAM
317 WEKIVA SPRINGS ROAD
100
LONGWOOD, FL 32779 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: _____

Electronic Signature of Registered Agent

04/02/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SDVT () Delete
Name: CLAY, WILLIAM P.A.
Address: 317 WEKIVA SPGS RD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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.

SIGNATURE: WILLIAM CLAY, P.A.

Electronic Signature of Signing Officer or Director

SDVT

04/02/2009

Date