

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000008025

Entity Name: THE CLEMONS COMPANY

FILED  
Jan 25, 2008  
Secretary of State

## Current Principal Place of Business:

405 OAK AVENUE  
PANAMA CITY, FL 32401

## New Principal Place of Business:

560 HARRISON AVENUE  
PANAMA CITY, FL 32401

## Current Mailing Address:

P.O. BOX 2298  
PANAMA CITY, FL 32402

## New Mailing Address:

FEI Number: 59-3568123      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMPBELL, ELIZABETH  
405 OAK AVENUE  
PANAMA CITY, FL 32401      US

## Name and Address of New Registered Agent:

CAMPBELL, ELIZABETH  
560 HARRISON AVENUE  
PANAMA CITY, FL 32401      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: ELIZABETH CAMPBELL

01/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP      ( ) Delete  
Name: CLEMONS, GIRARD L  
Address: 405 OAK AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: P      ( ) Delete  
Name: CLEMONS, SCOTT W  
Address: 405 OAK AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP      (X) Change ( ) Addition  
Name: CLEMONS, GIRARD L  
Address: 560 HARRISON AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: P      (X) Change ( ) Addition  
Name: CLEMONS, SCOTT W  
Address: 560 HARRISON AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

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: SCOTT W. CLEMONS

P

01/25/2008

Electronic Signature of Signing Officer or Director

Date