

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000064128

**FILED**  
**Apr 19, 2007**  
**Secretary of State**

**Entity Name:** CLAYVIS INC.

**Current Principal Place of Business:**

PO BOX 600022  
JACKSONVILLE, FL 32260 US

**New Principal Place of Business:**

11943 ACOSTA ROAD  
JACKSONVILLE, FL 32223 US

**Current Mailing Address:**

PO BOX 600022  
JACKSONVILLE, FL 32260 US

**New Mailing Address:**

11943 ACOSTA ROAD  
JACKSONVILLE, FL 32223 US

**FEI Number:** 58-2190428

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

VISMAN, LINDA W  
11943 ACOSTA ROAD  
JACKSONVILLE, FL 32223 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRED ( ) Delete  
Name: VISMAN, RICHARD  
Address: PO BOX 600022  
City-St-Zip: JACKSONVILLE, FL 32260

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRED (X) Change ( ) Addition  
Name: VISMAN, RICHARD  
Address: 11943 ACOSTA ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD VISMAN

PRED

04/19/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date