2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # P96000050713 1. Entity Name GHETT CLAYED, INC. Principal Place of Business Mailing Address PO BOX 1027 DUNNELLON FL 34430-1022 PO BOX 1027 **DUNNELLON FL 34430-1027** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-3390997 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JEORGE, ERIC T Street Address (P.O. Box Number is Not Acceptable) 101 E KÉNNEDY BLVD STE 2700 TAMPA FL 33602 City Zip Code 3. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD une ☐ Delete Addition NAME TAYLOR, ERIC JR NAME 04/07/05-80040-006 158.75 20930 RIVER DR. STREET ADDRESS STREET ADDRESS **DUNNELLON FL 34431** CITY-ST-ZIP CLITY-ST-ZIP STD TOTALE ☐ Delete TITLE ☐ Change Addition TAYLOR, SUSAN B NAME NAME STREET ADDRESS 20930 RIVER DR. STREET ADDRESS. CITY-ST-ZIP **DUNNELLON FL 34431** CITY-ST-ZIP THEF D Delete HILE ☐ Change ☐ Addition NAME TAYLOR, JE STREET ADDRESS 101 E KENNEDY BLVD STE 2700 STREET ADDRESS CITY ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition TAYLOR, JOY E NAME 2501 LYNBROOK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP YARDLEY PA 19067 Criv-SI-VP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP HILE ☐ Delete THLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST- ZIP

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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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