

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 387477

**Entity Name:** CLAY ELECTRIC SERVICES, INC.

**Current Principal Place of Business:**

225 WEST WALKER DRIVE  
KEYSTONE HEIGHTS, FL 32656

**Current Mailing Address:**

P.O. BOX 308  
KEYSTONE HEIGHTS, FL 32656 US

**FEI Number: 59-1613094**

**Certificate of Status Desired: Yes**

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

DAVIS, RICHARD KCEO  
225 W. WALKER DR  
KEYSTONE HEIGHTS, FL 32656 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name REEVES, SUSAN S  
Address 12028 HWY 301 SOUTH  
City-State-Zip: HAWTHORNE FL 32640

Title D  
Name SMITH, KELLEY RJR  
Address 1520 HWY 17 NORTH  
City-State-Zip: BOSTWICK FL 32007

Title SD  
Name HASTINGS, ANGUS  
Address 17188 NE 45TH AVE RD  
City-State-Zip: CITRA FL 32113

Title TD  
Name GNANN, FLOYD  
Address 4138 EVERETT AVENUE  
City-State-Zip: MIDDLEBURG FL 32068

Title VD  
Name MALPHURS, J C  
Address 16808 NW 262ND AVE  
City-State-Zip: ALACHUA FL 32615

Title CEO  
Name DAVIS, RICHARD K  
Address 3243 FIRESIDE DRIVE  
City-State-Zip: MIDDLEBURG FL 32068

Title D  
Name HAGGLUND, CARL F  
Address 6778 WOMENS CLUB ROAD  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title D  
Name HERSEY, DEWITT  
Address 7372 SE 11TH AVENUE  
City-State-Zip: STARKE FL 32091

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: RICHARD K DAVIS**

**CEO**

**04/10/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name WHITEHEAD, JOHN H  
Address 10320 NE 207TH LANE  
City-State-Zip: LAKE BUTLER FL 32054

Title D  
Name SMITH, JO ANN  
Address 16115 NW HWY 320  
City-State-Zip: MICANOPY FL 32667