


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # 233826	
1. Entity Name CLAY ISLAND FARMS INC	
	
Principal Place of Business 27000 SW WARFIELD BLVD P.O. BOX 536 INDIANTOWN, FL 34956 US	Mailing Address P O BOX 536 P.O. BOX 536 OKEECHOBEE, FL 34973 US



03092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0889081	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASELS, JOHN D JR.
400 N.W. 2ND STREET
OKEECHOBEE, FL 34972**

**DO NOT WRITE
IN THIS SPACE**

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRADY, FRANK J 27000 SW WARFIELD BLVD INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRADY, ROBERT E 6705 WOODBINE WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BRADY, MARILYN H 27000 SW WARFIELD BLVD INDIANTOWN, FL 34956
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04/05/07-80010-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-07

Date

(772) 597-3565

Daytime Phone #