

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90364 041 \*\*\*158.75

**DOCUMENT # 387477**

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



Principal Place of Business  
**225 WEST WALKER DRIVE  
P.O. BOX 308  
KEYSTONE HEIGHTS, FL 32656**

Mailing Address  
**225 WEST WALKER DRIVE  
P.O. BOX 308  
KEYSTONE HEIGHTS, FL 32656**

**14004260**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-1613094**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILLIPS, WILLIAM C.  
225 W. WALKER DR  
KEYSTONE HEIGHTS, FL 32656**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D HASTINGS, ANGUS**  
STREET ADDRESS **17188 NE 45TH AVE RD**  
CITY-ST-ZIP **FT. MCCOY, FL 32134**

TITLE ☐ Delete  
NAME **D GNANN, FLOYD**  
STREET ADDRESS **4138 EVERETT AVENUE**  
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE ☐ Delete  
NAME **TD SMITH, CEDRICK M. JR.**  
STREET ADDRESS **106 NE 6TH AVENUE**  
CITY-ST-ZIP **WILLISTON, FL 32696**

TITLE ☐ Delete  
NAME **D MULLINS, ROBERT S.**  
STREET ADDRESS **10334 SE STATE RD. 100**  
CITY-ST-ZIP **STARKE, FL 32091**

TITLE ☐ Delete  
NAME **VD MALPHURS, THOMAS L.**  
STREET ADDRESS **17216 NW 262ND AVENUE**  
CITY-ST-ZIP **ALACHUA, FL 32615**

TITLE ☐ Delete  
NAME **D WINGATE, RAYMOND**  
STREET ADDRESS **6505 IMMOKALEE RD**  
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **S/D**  
STREET ADDRESS **108 NE 6TH AVENUE**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **T/D**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **P/D**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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

**William C Phillips**

**APR 09 2004**

Date

**352-473-8000**

Daytime Phone #

Attachment

14004200  
# 387477

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
7.1 TITLE		7.1 TITLE	D X Change X Addition
7.2 NAME		7.2 NAME	Smith, Kelly R., Jr.
7.3 ADDRESS		7.3 ADDRESS	1526 Hwy 17 North
7.4 CITY-ST-ZIP		7.4 CITY-ST-ZIP	Bostwick, FL 32007
8.1 TITLE		8.1 TITLE	V/D X Change X Addition
8.2 NAME		8.2 NAME	Reeves, Susan S.
8.3 ADDRESS		8.3 ADDRESS	12828 SE Hwy 301
8.4 CITY-ST-ZIP		8.4 CITY-ST-ZIP	Hawthorne, FL 32640
9.1 TITLE		9.1 TITLE	D Change X Addition
9.2 NAME		9.2 NAME	Whitehead, John
9.3 ADDRESS		9.3 ADDRESS	Rt. 1, Box 478 N/A
9.4 CITY-ST-ZIP		9.4 CITY-ST-ZIP	Lake Butler, FL 32054
10.1 TITLE		10.1 TITLE	CEO Change X Addition
10.2 NAME		10.2 NAME	Phillips, William C.
10.3 ADDRESS		10.3 ADDRESS	225 W. Walker Dr.
10.4 CITY-ST-ZIP		10.4 CITY-ST-ZIP	Keystone Heights, FL 32656