

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90261 049 ***158.75

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04062005 Chg-P CR2E034 (10/03)

| | | | | | |
|---|---|--|---|------------------------------------|--|
| 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 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 59-1613094 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent PHILLIPS, WILLIAM C. 225 W. WALKER DR KEYSTONE HEIGHTS, FL 32656 | | | | | |
| 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing \$5.00 May Be <input type="checkbox"/> Trust Fund Contribution <input checked="" type="checkbox"/> Added to Fees </div> </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete HASTINGS, ANGUS 17188 NE 45TH AVE RD FT. MCCOY, FL 32134 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CITRA, FL 32113 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete GNANN, FLOYD 4138 EVERETT AVENUE MIDDLEBURG, FL 32068 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <input type="checkbox"/> Delete SMITH, CEDRICK M. JR. 106 NE 6TH AVENUE WILLISTON, FL 32696 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 108 NE 6TH AVENUE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD <input type="checkbox"/> Delete MULLINS, ROBERT S. 10334 SE STATE RD. 100 STARKE, FL 32091 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input type="checkbox"/> Delete MALPHURS, THOMAS L. 17216 NW 262ND AVENUE ALACHUA, FL 32615 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete WINGATE, RAYMOND 6505 IMMOKALEE RD KEYSTONE HEIGHTS, FL 32656 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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 line empowered. | | | | | |
| SIGNATURE: _____ 4/11/05 352-473-8000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

ATTACHMENT

annualrpt

20040802

#387477

| 10. OFFICERS AND DIRECTORS | | 11. OFFICERS AND DIRECTORS CHANGES | |
|----------------------------|--|------------------------------------|----------------------------|
| 7.1 TITLE | | 7.1 TITLE | D 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 | P/D X Change X Addition |
| 8.2 NAME | | 8.2 NAME | Reeves, Susan S. |
| 8.3 ADDRESS | | 8.3 ADDRESS | 12828 S 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 |