2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _______

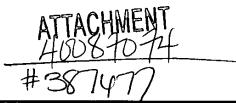
FILED Apr 28, 2008 8:00 am Secretary of State

352-473-8000

DOCUMENT # 387477 1. Entity Name CLAY ELECTRIC SERVICES, INC.								04-28-2008 9	90 3 96 (003 ***15	8.75	
Principal Place of Business Mailing Address						.						
225 WEST WALKER DRIVE 225 WEST WALKER DRIV P.O. BOX 308 P.			IVE									
KEYSTONE HEIGHTS, FL 32656 F.O. BUX 306 KEYSTONE HEIGHTS, FL 326			L 3265	6		1 188100 188		# # # # # # # # # #	611 616 11 6161 611			
Principal Place of Business - No P.O. Box # 3.			3. Mailing Address									
1. Entity Name CLAY ELECTRIC SERVICES, INC. Principal Place of Business 225 WEST WALKER DRIVE P.O. BOX 308 KEYSTONE HEIGHTS, FL 32656 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Current Re PHILLIPS, WILLIAM C. 225 W. WALKER DR KEYSTONE HEIGHTS, FL 32656 8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or privated name of registered agent and the control of the cont		Suite, Apt. #, etc.		• • •		04022008	Chg-P	CR2E	034 (12/06)			
City & State		City & State			4. FEI Number 59-1613094			<u> </u>	oplied For			
Zip	OX 308 ONE HEIGHTS, FL 32656 Cipal Place of Business - No P.O. Box # B. Api. #, etc. 8 State Country 6. Name and Address of Curren IPS, WILLIAM C. 7. WALKER DR TONE HEIGHTS, FL 32656 Chove named entity submits this statement foligations of registered agent. URE Signature, typed or privated name of registered agent FILE NOWILL FEE 1S \$150.00 or May 1, 2008 Fee will be \$550. OFFICERS AND VD HASTINGS, ANGUS 17188 NE 45TH AVE RD		Zip	Coun	try	5. Certificate of Status Desired			23	\$8.75 Ad Fee Require	ditional	
	6. Name	and Address of Current I	Registered Agent				7. Name and	Address of New Ro	egistered	Agent		
PHILLIPS	WILLIAM :	c			Name							
225 W. WALKER DR				Street Address (P.O. Box Number is Not Acceptable)								
1127070		5,12 02000										
				City			-	FL	Zip Cod	e		
the obliga	ations of registe		the purpose of changing its	registere	ed office or	registere	ed agent, or bot	th, in the State of Flor	rida. I am	familiar with,	and accept	
SIGNATURE		Printed name of registered agent a	nd title if applicable. (NOTE	Registere	1 Agent signatu	e required	when reinstaling)		DATE		_	
After M		Fee will be \$550.0		ibution.	cing		DO May Be d to Fees					
	1			RECTORS 11.		P/D		CHANGES TO OFF	CERS AND	DIRECTOR:	S IN 11	
			U Uelete	NAME	.	170	•			CW CHRISTIC		
	 				T ADDRESS ST-ZIP							
TITLE	SD		☐ Delete	TITLE		V/D				∑ XChange	Addition	
1			NAME	T ADDRESS								
				ST-ZIP								
TITLE D		☐ Delete	TITLE					~	☐ Change	☐ Addition		
NAME	1	DRICK M. JR.		NAME								
CITY-ST-ZIP					T ADDRESS ST-ZIP							
TITLE	PD	<u> </u>	☐ Delete TITLE			D		<u>.</u> .		Change	Addition	
NAME	MULLINS, F			NAME								
STREET ADDRESS City-S1-ZIP	STARKE, F	TATE RD. 100 L 32091			T ADORESS ST-ZIP							
TITLE	D		Delete	TITLE	-					Change	Addition	
NAME		S, THOMAS L.		NAME	- 1							
STREET ADDRESS 17216 NW 262ND AVENUE CITY-ST-ZIP ALACHUA, FL 32615				T ADDRESS ST-ZIP								
TITLE	TD		☐ Deleie	TITLE		S/D				Change	Addition	
NAME SMITH, KELLY R JR			NAME									
STREET ADDRESS 1526 HWY 17 NORTH CHTY-ST-ZIP BOSTWICK, FL 32007				T ADDRESS ST-ZIP								
indicated :	on this report o	or supplemental report is to	nis filing does not qualify for rue and accurate and that m rered to execute this report a thall other like empowered.	z sionati	ire shali ha	ve the sa	ame legal effect	as if made under oa	ath; that I a	ım an officer -	or director	

NAME OF SIGNING OFFICER OR DIRECTOR

annirpt



10.	OFFICERS AND DIRECTORS	11.		OFFICERS AND	DIRECTOR	S CHANGES
7.1 TITLE	"	7.1 TITLE		T/D -	Change	X -Addition
7.2 NAME		7.2 NAME		Dean, Laura G		
7.3 ADDRESS		7.3 ADDRESS	3	6461 Baker Rd		
7.4 CITY-ST-ZIP		7.4 CITY-ST-Z	ZIP	Keystone Height	s, FL 32656	3
8.1 TITLE	i"	8.1 TITLE		D	Change	X Addition
8.2 NAME		8.2 NAME		Reeves, Susan S	3 .	
8.3 ADDRESS		8.3 ADDRESS	3	12828 S Hwy 30	1	
8.4 CITY-ST-ZIP		8.4 CITY-ST-Z	ZIP	Hawthorne, FL 3	32640	
9.1 TITLE		9.1 TITLE		D	Change	X Addition
9.2 NAME		9.2 NAME		Whitehead Jr, Jo	hn Henry	
9.3 ADDRESS		9.3 ADDRESS	3	10320 NE 207th	Lane	
9.4 CITY-ST-ZIP	l I	9.4 CITY-ST-Z	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 ADDRES	ss	225 W. Walker D	Эг.	
10.4 CITY-ST-ZIP		10.4 CITY-ST-	-ZIP	Keystone Height	s, FL 32656	3