

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90396 003 \*\*\*158.75

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # 387477</b><br>1. Entity Name<br><b>CLAY ELECTRIC SERVICES, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>225 WEST WALKER DRIVE<br/>P.O. BOX 308<br/>KEYSTONE HEIGHTS, FL 32656</b>  |  |   | Mailing Address<br><b>225 WEST WALKER DRIVE<br/>P.O. BOX 308<br/>KEYSTONE HEIGHTS, FL 32656</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |  |
| City & State   |  | City & State  |   |   |  |
| Zip  | Country  | Zip   | Country   | 4. FEI Number<br><b>59-1613094</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PHILLIPS, WILLIAM C.<br/>225 W. WALKER DR<br/>KEYSTONE HEIGHTS, FL 32656</b>   |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>HASTINGS, ANGUS<br>17188 NE 45TH AVE RD<br>CITRA, FL 32113       | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>GNANN, FLOYD<br>4138 EVERETT AVENUE<br>MIDDLEBURG, FL 32068      | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SMITH, CEDRICK M. JR.<br>108 NE 6TH AVENUE<br>WILLISTON, FL 32696 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MULLINS, ROBERT S.<br>10334 SE STATE RD. 100<br>STARKE, FL 32091 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MALPHURS, THOMAS L.<br>17216 NW 262ND AVENUE<br>ALACHUA, FL 32615 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>SMITH, KELLY R JR<br>1526 HWY 17 NORTH<br>BOSTWICK, FL 32007     | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. |  |   |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |   | Date <b>4/18/08</b> Daytime Phone # <b>352-473-8000</b>   |  |

ATTACHMENT  
40087074

#387477

| 10. OFFICERS AND DIRECTORS |  | 11. OFFICERS AND DIRECTORS 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                        | 6461 Baker Rd              |
| 7.4 CITY-ST-ZIP            |  | 7.4 CITY-ST-ZIP                    | Keystone Heights, FL 32656 |
| 8.1 TITLE                  |  | 8.1 TITLE                          | D 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 Jr, John Henry   |
| 9.3 ADDRESS                |  | 9.3 ADDRESS                        | 10320 NE 207th Lane        |
| 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 |