


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90098 032 ***150.00

DOCUMENT # 429325

1. Entity Name
CLAY TITLE AND ABSTRACT COMPANY



Principal Place of Business
**344 MILWAUKEE AVE
 ORANGE PARK FL 32073
 US**

Mailing Address
**344 MILWAUKEE AVE
 ORANGE PARK FL 32073-5536**



2. Principal Place of Business - No P.O. Box #
344 MILWAUKEE AVE.

3. Mailing Address
344 MILWAUKEE AVE.

Suite, Apt. #, etc.

City & State
ORANGE PARK FLORIDA

City & State
ORANGE PARK, FLORIDA

Zip
32073

Country
CLAY

Zip
32073

Country
CLAY

4. FEI Number **59-1557594** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

**RICCIARDI, PHILIP
 344 MILWAUKEE AVE
 ORANGE PARK FL 32073**

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: *Philip Ricciardi* **Philip Ricciardi** **PRESIDENT / OWNER**

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	<input checked="" type="checkbox"/> Delete	RICCIARDI, PHILIP 2301 PARK AVE, #204 ORANGE PARK, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 exemptions contained in Section 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: *Philip Ricciardi* **Philip Ricciardi** **PRESIDENT / OWNER** **4/27/2007** **904-269-0318**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #