

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90022 041 \*\*\*150.00

**DOCUMENT # 465582**

1. Entity Name

CLAY MATE CERAMICS, INC.



Principal Place of Business

PO BOX 61541  
ST. PETERSBURG FL 33784-1514  
US

Mailing Address

PO BOX 61541  
ST. PETERSBURG FL 33784-1514  
US

2. Principal Place of Business

2133 - 44th Ave N/O

3. Mailing Address

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

ST. PETERSBURG FL

City & State

4. FEI Number

59-1559866

Applied For

Not Applicable

Zip

33714

Country

PINE/143

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SINDEN, WATSON R.  
501 FIRST AVE SO. #404  
ST. PETERSBURG FL 33701

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

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete

NAME TYNDALL, PAUL  
STREET ADDRESS 3598-51ST AVE NO.  
CITY - ST - ZIP ST. PETERSBURG FL

TITLE S ☐ Delete

NAME TYNDALL, PENNIE  
STREET ADDRESS 3598-51ST AVE NO.  
CITY - ST - ZIP ST. PETERSBURG FL

TITLE T ☐ Delete

NAME TYNDALL, MARY  
STREET ADDRESS 3598-51ST AVE NO.  
CITY - ST - ZIP ST. PETERSBURG FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addit

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addit

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CITY - ST - ZIP

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NAME  
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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 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

Date

Daytime Phone #

3/20/05 727-526-8412