

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # H79156

1. Entity Name

W.E. CLAYTON, INC.



Principal Place of Business

3151 W BEAVER ST
JACKSONVILLE FL 32254
US

Mailing Address

961 CARRIE ST
JACKSONVILLE FL 32254
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, WILLIE E
961 CARRIE ST
JACKSONVILLE FL 32209

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME CLAYTON, EMMA B
STREET ADDRESS 961 CARRIE ST
CITY- ST- ZIP JACKSONVILLE FL 32209

TITLE VD ☐ Delete
NAME CLAYTON, G E
STREET ADDRESS 961 CARRIE ST
CITY- ST- ZIP JACKSONVILLE FL

TITLE PD ☐ Delete
NAME CLAYTON, W.E.
STREET ADDRESS 961 CARRIE ST
CITY- ST- ZIP JACKSONVILLE FL

TITLE TD ☐ Delete
NAME WILLIAMS, JOSEPH
STREET ADDRESS 961 CARRIE ST
CITY- ST- ZIP JACKSONVILLE FL

TITLE D ☐ Delete
NAME CLAYTON, BOBBY
STREET ADDRESS 961 CARRIE ST
CITY- ST- ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000016529
CITY- ST- ZIP 01/28/04-80058-012 163.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W.E. Clayton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-04 904-384-3637
Date Daytime Phone #