



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90040 029 ***158.75

DOCUMENT # K26822					
1. Entity Name CLAYTON & CLAYTON DEVELOPMENT, INC.					
Principal Place of Business 617 WYMORE RD WINTER PARK, FL 32789			Mailing Address 617 WYMORE RD WINTER PARK, FL 32789		
2. Principal Place of Business 5405 Diplomat Circle Suite, Apt. #, etc. SUIT 160, City & State Orlando, Fla Zip 32810 Country USA		3. Mailing Address 5405 Diplomat Circle Suite, Apt. #, etc. 160 City & State Orlando, Fla. Zip 32810 Country USA			
01162004 Chg-P CR2E034 (10/03)				4. FEI Number 59-2907308	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KENNETH M. CLAYTON 220 N. PALMETTO AVE ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name <u>Same Kenneth M. Clayton</u> Street Address (P.O. Box Number is Not Acceptable) <u>1065 Maitland Center Commons</u> City <u>Maitland</u> FL Zip Code <u>32751</u>		
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: <u>Kenneth M. Clayton</u> DATE: <u>1/16/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, BRANTLY W. 3300 LAKESHORE DR. ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, MARK A. 4326 PIERMONT CT. ORLANDO, FL	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: <u>Brantly W. Clayton</u> DATE: <u>1/16/04</u> (407) 644-7000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					