

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004728

FILED  
May 01, 2008  
Secretary of State

Entity Name: MICHAEL CLAYTON GENERATION NEXT, INC.

## Current Principal Place of Business:

9920 TREE TOPS LAKE ROAD  
TAMPA, FL 33626

## New Principal Place of Business:

12157 W. LINEBAUGH AVE.  
TAMPA, FL 336261732

## Current Mailing Address:

9920 TREE TOPS LAKE ROAD  
TAMPA, FL 33626

## New Mailing Address:

12157 W. LINEBAUGH AVE.  
BOX 248  
TAMPA, FL 336261732

FEI Number: 04-3815851      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

DENBO, TAMMY B ESQ  
RISSMAN, BARRETT ET AL  
1 NORTH DALE MABRY HWY, 11TH FL  
TAMPA, FL 33609 US

## Name and Address of New Registered Agent:

DENBO, TAMMY B ESQ  
MASTEN, LYERLY, PETERSON, DENBO & GOBEL LLC  
6906 W. LINEBAUGH AVE., STE. 101  
TAMPA, FL 33625 US

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.

SIGNATURE: TAMMY B. DENBO

05/01/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CLAYTON, MICHAEL  
Address: 9920 TREE TOPS LAKE ROAD  
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Delete  
Name: WAHLERS, JASON  
Address: C/O TAMPA BAY BUCCANEERS, ONE BUC PLACE  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: SZUBKA, TOM  
Address: C/O TAMPA BAY BUCCANEERS, ONE BUC PLACE  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: CHANCEY, RALPH  
Address: 2413 BAYSHORE BLVD., UNIT 1805  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: MCCOLLISTER, ROLFE  
Address: PO BOX 1949  
City-St-Zip: BATON ROUGE, LA 70821

Title: D ( ) Delete  
Name: CAPUTO, RALPH  
Address: 10318 ABBOTSFORD DR.  
City-St-Zip: TAMPA, FL 33626

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CLAYTON

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date