


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # N47612 1. Entity Name KEEP CLAY BEAUTIFUL, INC. |  |
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| Principal Place of Business 3545 ROSEMARY HILL RD GREEN COVE SPRINGS, FL 32043 | Mailing Address 3545 ROSEMARY HILL RD GREEN COVE SPRINGS, FL 32043 |
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04142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 59-3111012 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent JOLLEY, TANIA P 3545 S ROSEMARY HILL RD GREEN COVE SPRINGS, FL 32043 |
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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOLLEY, TANIA P 3545 ROSEMARY HILL RD GREEN COVE SPGS, FL 32043 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP IGOU, DEWAYNE 6501 GREENLAND RD JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALTMAN, ALAN 3545 ROSEMARY HILL ROAD GREEN COVE SPRINGS, FL 32043 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST TILLMAN, ELIZABETH 505 N. ORANGE AVE GREEN COVE SPRINGS, FL 37043 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

1000000328925
04/25/05-80096-022 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 617, 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: Tania P. Jolley Tania P. Jolley 4-14-05 (904)529-4796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #