

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 20, 2008 8:00 am**  
**Secretary of State**

05-20-2008 90004 018 \*\*\*150.00

DOCUMENT # P00000059276

1. Entity Name  
CLAYTON CABLE CORP.



Principal Place of Business  
5243 BALMOR TERRACE  
NORTH PORT, FL 34288 US

Mailing Address  
~~5243 BALMOR TERRACE~~  
~~NORTH PORT, FL 34288~~ US  
14197 Congo Lane  
Port Charlotte, FL 33981  
33981



04242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1017602	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WILLIS, RANDY  
5243 BALMOR TERRACE  
NORTH PORT, FL 34288

**DO NOT WRITE  
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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	WILLIS, RANDY
STREET ADDRESS	5243 BALMOR TERRACE
CITY-ST-ZIP	NORTH PORT, FL 34288

TITLE	DVP
NAME	WILLIS, LINDA
STREET ADDRESS	5243 BALMOR TERRACE
CITY-ST-ZIP	NORTH PORT, FL 34288

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Randy Willis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08 954-410-2040  
Date Daytime Phone #