


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000002768	
1. Entity Name CLAYTOR FINANCIAL INC.	

Principal Place of Business 918 S. WASHINGTON AVE. TITUSVILLE, FL 32780	Mailing Address 918 S. WASHINGTON AVE. TITUSVILLE, FL 32780
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DO NOT WRITE IN THIS SPACE



06062007 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0385982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLAYTOR, KASEY J 1201 INDIAN RIVER DR. COCOA, FL 32922	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CLAYTOR, KASEY J 1201 INDIAN RIVER DR. COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLAYTOR, WILLIAM F 1201 INDIAN RIVER DR. COCOA, FL 32922
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06/13/07-80001-012-150.00

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: Kasey Claytor 6-5-07 321-3834005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Kasey Claytor President