2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000036121

1. Entity Name
FLORIDA PROPERTY SERVICES OF CLAY, INC.

Principal Place of Business	Mailing Address
192 INDUSTRIAL LOOP ORANGE PARK, FL 32073	P.O. 8518 FLEMING ISLAND, FL 32006

02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1157497
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EASTERLING, MARK J SR.
192 INDUSTRIAL LOOP
ORANGE PARK, FL 32073

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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 _____ DATE
Signature, typed or printed name of registered agent and the date above. (If a registered agent is an artificial entity)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EASTERLING, MARK J SR.
STREET ADDRESS	192 INDUSTRIAL LOOP
CITY ST ZIP	ORANGE PARK, FL 32073
TITLE	D
NAME	EASTERLING, DOLORES A
STREET ADDRESS	192 INDUSTRIAL LOOP
CITY ST ZIP	ORANGE PARK, FL 32073
TITLE	D
NAME	EASTERLING, MARK J JR.
STREET ADDRESS	192 INDUSTRIAL LOOP
CITY ST ZIP	ORANGE PARK, FL 32073
TITLE	D
NAME	LIEDMAN, MARY A
STREET ADDRESS	192 INDUSTRIAL LOOP
CITY ST ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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04/08/05-80013-025 150.00

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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: M Easterling, Sec Dolores Easterling 4/4/05 904-219-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #