2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000048154

1. Entity Name
CLAYTON'S CABINET AND TRIM, INC.

Principal Place of Business	Mailing Address
7424 LILLIE LN PENSACOLA, FL 32526	7424 LILLIE LN PENSACOLA, FL 32526

01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2343616
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLAYTON, ROBERT W
7424 LILLIE LN
PENSACOLA, FL 32526

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CLAYTON, ROBERT W
STREET ADDRESS	7424 LILLIE LN
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	S
NAME	CLAYTON, PAMELA R
STREET ADDRESS	7424 LILLIE LN
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	VP
NAME	CLAYTON, ROBERT E
STREET ADDRESS	2515 DUNN STREET
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	T
NAME	ROENER, CHRISTOPHER A
STREET ADDRESS	3140 BOULDER AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/09/06-80083-005 150.00

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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: Bob Clayton. 850-293-1891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #