

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90192 049 \*\*\*155.00

**DOCUMENT # P03000088893**

1. Entity Name  
**CLAYTON HOLDINGS, INC.**



Principal Place of Business  
**5405 DIPLOMAT CIRCLE  
SUITE 100  
ORLANDO, FL 32810**

Mailing Address  
**5405 DIPLOMAT CIRCLE  
SUITE 100  
ORLANDO, FL 32810**

**DO NOT WRITE IN THIS SPACE**



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-0182358**

Applied For  
☐ Not Applicable

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

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

**DEAN MEAD SERVICES, LLC  
800 NORTH MAGNOLIA AVE.  
SUITE 1500  
ORLANDO, FL 32803**

**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 **D**  
NAME **CLAYTON, W. MALCOLM**  
STREET ADDRESS **5405 DIPLOMAT CIRCLE, SUITE 100**  
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **D**  
NAME **CLAYTON, CHARLES W JR**  
STREET ADDRESS **1190 NORTH PARK AVENUE**  
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 lists empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**W. Malcolm Clayton,  
Director**

**4/29/08**

Date

Daytime Phone #

**407-644-6300**