

2004 FOR PROFIT CORPORATION ANNUAL REPORT

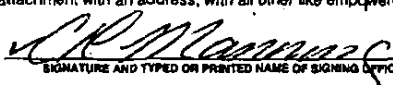
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Jun 15, 2004 8:00 am
Secretary of State

05-05-2004 90210 017 ***150.00

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04262004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000107190			
1. Entity Name CLAYTON MANNING INVESTMENTS, INC.			
Principal Place of Business RT 5 BOX 7919 STARKE, FL 32091		Mailing Address RT 5 BOX 7919 STARKE, FL 32091	
2. Principal Place of Business 3510 NW 183rd St Suite, Apt. #, etc.		3. Mailing Address 3510 NW 183rd St. Suite, Apt. #, etc.	
City & State STARKE, FL 32091		City & State STARKE, FL	
Zip 32091	Country	Zip 32091	Country
4. FEI Number 30-0207445		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANNING, CLAYTON R RT 5 BOX 7919 STARKE, FL 32091		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, CLAYTON R RT 5 BOX 7919 STARKE, FL 32091 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: 		Date 4-26-04 Daytime Phone 904/634-0427	