


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000110693 1. Entity Name CLAYTON'S HORSESHOEING, INC.	
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Principal Place of Business 400 GERRY COURT SAINT CLOUD, FL 34771	Mailing Address P.O. BOX 700967 SAINT CLOUD, FL 34770
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05022007 No Chg-P CR2E034 (11/05)

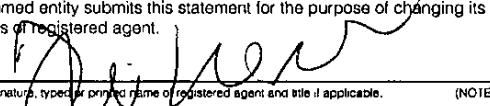
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4. FEI Number 38-3690371	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILBER, TERI-JO 400 GERRY COURT SAINT CLOUD, FL 34771
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IN THIS SPACE**

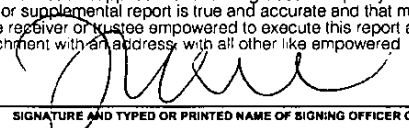
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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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	P WILBER, CLAYTON 400 GERRY COURT SAINT CLOUD, FL 34770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILBER, TERI - JO 400 GERRY COURT SAINT CLOUD, FL 34770
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05/30/07-80030-015 150.00

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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 like empowered. SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
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