

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Jun 02, 2005 8:00 am
Secretary of State

04-29-2005 90232 041 ***150.00

66020853



1st MOORE CR2E034 (10/04)

| | | | | | |
|---|----------------------|---------------------------------|--|---|-----------------------------------|
| DOCUMENT # P03000132597 | | | |  | |
| 1. Entity Name CLAYTON WILSON GENERAL CONTRACTOR, INC. | | | | | |
| Principal Place of Business 18380 ROSEAPPLE LANE FORT MYERS FL 33912 US | | | Mailing Address 18380 ROSEAPPLE LANE FORT MYERS FL 33912 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 51-0488942 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WANDERON, THOMAS 868 106TH AVENUE NORTH NAPLES FL 34108 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WILSON, CLAYTON | | NAME | | |
| STREET ADDRESS | 18380 ROSEAPPLE LANE | | STREET ADDRESS | | |
| CITY-STATE-ZIP | FORT MYERS FL 33912 | | CITY-STATE-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WILSON, CLAYTON | | NAME | | |
| STREET ADDRESS | 18380 ROSEAPPLE LANE | | STREET ADDRESS | | |
| CITY-STATE-ZIP | FORT MYERS FL 33912 | | CITY-STATE-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WILSON, CLAYTON | | NAME | | |
| STREET ADDRESS | 18380 ROSEAPPLE LANE | | STREET ADDRESS | | |
| CITY-STATE-ZIP | FORT MYERS FL 33912 | | CITY-STATE-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WILSON, CLAYTON | | NAME | | |
| STREET ADDRESS | 18380 ROSEAPPLE LANE | | STREET ADDRESS | | |
| CITY-STATE-ZIP | FORT MYERS FL 33912 | | CITY-STATE-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WILSON, CLAYTON | | NAME | | |
| STREET ADDRESS | 18380 ROSEAPPLE LANE | | STREET ADDRESS | | |
| CITY-STATE-ZIP | FORT MYERS FL 33912 | | CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-STATE-ZIP | | | CITY-STATE-ZIP | | |
| 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: <i>Clayton Wilson</i> | | | 4/20/05 (239) 437-8139 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date DayTime Phone #</small> | | |