

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 14, 2006 08:00 AM
Secretary of State

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**



09082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0488942

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WANDERON, THOMAS
868 106TH AVENUE NORTH
NAPLES, FL 34108**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILSON, CLAYTON
STREET ADDRESS	18380 ROSEAPPLE LANE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	P
NAME	WILSON, CLAYTON
STREET ADDRESS	18380 ROSEAPPLE LANE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	VP
NAME	WILSON, CLAYTON
STREET ADDRESS	18380 ROSEAPPLE LANE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	S
NAME	WILSON, CLAYTON
STREET ADDRESS	18380 ROSEAPPLE LANE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	T
NAME	WILSON, CLAYTON
STREET ADDRESS	18380 ROSEAPPLE LANE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/14/06-80001-013 150.00

**DO NOT WRITE
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: *Clayton Wilson* **Clayton Wilson** **9/10/06** **239-437-8139**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #