


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Mar 12, 2007 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # P04000040154 1. Entity Name CLAIRMONT & DIXON CONSTRUCTION INC. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 112 SAGUARO LANE MARATHON, FL 33050 | Mailing Address 112 SAGUARO LANE MARATHON, FL 33050 |
|---|---|

DO NOT WRITE IN THIS SPACE



02122007 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 13-4275268 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| |
|--|
| 6. Name and Address of Current Registered Agent CLAIRMONT, GERALD 112 SAGUARO LANE D MARATHON, FL 33050 |
|--|

**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, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSDT CLAIRMONT, GERALD M 112 SAGUARO LANE MARATHON, FL 33050 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DIXON, NIGEL 112 SAGUARO LANE MARATHON, FL 33050 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000663195
03/21/07-80043-020 150.00

**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: *Gerald M Clairmont* **GERALD M CLAIRMONT** 3/9/07 3059429084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #