

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90059 016 ***150.00

DOCUMENT # P04000121372 1. Entity Name CAYTON'S TOTAL HOME REPAIR, INC.					
Principal Place of Business 3172 HARLEQUIN CT MIDDLEBURG, FL 32068			Mailing Address 3172 HARLEQUIN CT MIDDLEBURG, FL 32068		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 14-1915288 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02222008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CAYTON, MICHAEL A II 3296 CITATION DR GREEN COVE SPRINGS, FL 32043			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAYTON, MICHAEL A II 3172 HARLEQUIN CT MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDS SHARP, AMANDA Coyton 3172 HARLEQUIN CT MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Amanda Cayton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/21/08 Daytime Phone #		

ATTACHMENT 40031783

Department of Health • Vital Statistics

STATE OF FLORIDA

MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

P04000121372 (STATE FILE NUMBER)

2007 ML 253397

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1. GROOM'S NAME (First, Middle, Last) MICHAEL ANTHONY CAYTON II		2. DATE OF BIRTH (Month, Day, Year) 07/03/80	
3a. RESIDENCE - CITY, TOWN, OR LOCATION MIDDLEBURG	3b. COUNTY CLAY	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) FLORIDA
5a. BRIDE'S NAME (First, Middle, Last) AMANDA NICOLE SHARP		5b. MAIDEN SURNAME (if different)	6. DATE OF BIRTH (Month, Day, Year) 01/30/83
7a. RESIDENCE - CITY, TOWN, OR LOCATION MIDDLEBURG	7b. COUNTY CLAY	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) FLORIDA
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
9. SIGNATURE OF GROOM (Sign full name using black ink) Michael Anthony Cayton II		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 09/21/2007	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) Dorinda C. Dief	
13. SIGNATURE OF BRIDE (Sign full name using black ink) Amanda Nicole Sharp		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 09/21/2007	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) Dorinda C. Dief	
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17. COUNTY ISSUING LICENSE CLAY	18. DATE LICENSE ISSUED 09/21/2007	18a. DATE LICENSE EFFECTIVE 09/25/2007	19. EXPIRATION DATE 11/24/2007
20a. SIGNATURE OF COURT CLERK OR JUDGE JAMES JETT BY Dorinda C. Dief		20b. TITLE CLERK OF CIRCUIT COURT	20c. BY D.C. LCD
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.			
21. DATE OF MARRIAGE (Month, Day, Year) 9/24/07		22. CITY, TOWN, OR LOCATION OF MARRIAGE Orange Park	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) A. E. Newman		23c. ADDRESS (Of person performing ceremony) 2747 Woodstock Dr. Middleburg, FL 32066	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Minister of Gospel A. E. Newman		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) S. L. Lark	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) Howard Carmichael	

SEAL