

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90020 022 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |         |                                                             |                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000126843</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |         |                                                             |                                                             |  |
| 1. Entity Name<br>CLAY O'NEAL'S LAND CLEARING, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |         |                                                             |                                                                                                                                              |  |
| Principal Place of Business<br>4433 N W COUNTY RD 274<br>ALTA, FL 32421                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      |         | Mailing Address<br>4433 N W COUNTY RD 274<br>ALTA, FL 32421 |                                                                                                                                              |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |         | 3. Mailing Address                                          |                                                                                                                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |         | Suite, Apt. #, etc.                                         |                                                                                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                      |         | City & State                                                |                                                                                                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      | Country |                                                             | Zip                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |         |                                                             |                                                                                                                                              |  |
| 4. FEI Number<br>20-1565782                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |         |                                                             | Applied For<br>Not Applicable                                                                                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |         |                                                             | \$8.75 Additional Fee Required                                                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><br>O'NEAL, CLAY E<br>4433 N W COUNTY RD 274<br>ALTA, FL 32421                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |         |                                                             | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>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: <u>Clay E. O'Neal</u> DATE: <u>5-16-07</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |         |                                                             |                                                                                                                                              |  |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007<br>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |         |                                                             |                                                                                                                                              |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |         |                                                             |                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PVST<br>O'NEAL, CLAY E<br>% 4433 N W COUNTY RD 274<br>ALTA, FL 32421 <input type="checkbox"/> Delete |         |                                                             |                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      |         |                                                             |                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      |         |                                                             |                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      |         |                                                             |                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      |         |                                                             |                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      |         |                                                             |                                                                                                                                              |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |         |                                                             |                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |         |                                                             |                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |         |                                                             |                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |         |                                                             |                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |         |                                                             |                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |         |                                                             |                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Clay E. O'Neal</u> <u>Clay O'Neal</u> <u>5-16-07</u> (850) 832-5055                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |         |                                                             |                                                                                                                                              |  |