2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State
03-04-2008 90019 015 ***150.00

DOCUMENT # P04000164152

1. Entity Name
CLAY CONSTRUCTION & MILLWORK, INC.

Principal Place of Business
~~23142 GROW ROAD~~
~~EUSTIS FL 32736~~

Mailing Address
~~23142 GROW ROAD~~
~~EUSTIS FL 32736~~

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #: 16 FOREST LN
Suite, Apt. #, etc.
City & State: EUSTIS FL
Zip: 32726 Country: LAKE

3. Mailing Address: 16 FOREST LN
Suite, Apt. #, etc.
City & State: EUSTIS FL
Zip: 32726 Country: LAKE

4. FEI Number 20-1990856 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
~~GIFFORD, ALAN E~~
~~23142 GROW ROAD~~
~~EUSTIS FL 32736~~

7. Name and Address of New Registered Agent
Name: JAMES T KENT
Street Address (P.O. Box Number is Not Acceptable): 16 FOREST LN
City: EUSTIS FL Zip Code: 32726

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] DATE 2/25/8
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	VSTD KENT, JAMES T 110 LAKEVIEW LANE ORLANDO FL 32801	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD JAMES T KENT 16 FOREST LN EUSTIS FL 32726	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 2/25/8 407-782-1791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #