

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000168069

FILED
Oct 18, 2006
Secretary of State

Entity Name: CLAYCOMB ENTERPRISES, INC.

Current Principal Place of Business:

12701 MORNINGSDR., UNIT B
PUNTA GORDA, FL 33955

New Principal Place of Business:

12701 TAMIAMI TRAIL
PUNTA GORDA, FL 33955

Current Mailing Address:

P. O. BOX 510040
PUNTA GORDA, FL 33950

New Mailing Address:

12701 TAMIAMI TRAIL
PUNTA GORDA, FL 33955

FEI Number: 81-0655663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIRLEY, KEVIN C
126 E. OLYMPIA AVE., SUITE 304
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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.

SIGNATURE: KRYSTLE CLAYCOMB

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: CLAYCOMB, CASEY
Address: P. O. BOX 510040
City-St-Zip: PUNTA GORDA, FL 33950

Title: VT () Delete
Name: CLAYCOMB, KRYSTLE
Address: P. O. BOX 510040
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: CLAYCOMB, CASEY
Address: 12701 TAMIAMI TRAIL
City-St-Zip: PUNTA GORDA, FL 33955

Title: VT (X) Change () Addition
Name: CLAYCOMB, KRYSTLE
Address: 12701 TAMIAMI TRAIL
City-St-Zip: PUNTA GORDA, FL 33955

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRYSTLE CLAYCOMB

VT

10/18/2006

Electronic Signature of Signing Officer or Director

Date