

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2006 8:00 am
Secretary of State

05-19-2006 90028 028 ***150.00

DOCUMENT # P05000002557

1. Entity Name
CLAYTON ELROD FASCIA & SOFFIT INCORPORATED



Principal Place of Business
**4185 MILWAUKEE AVE
W. MELBOURNE, FL 32904**

Mailing Address
**PO BOX 120778
W. MELBOURNE, FL 32912 US**

2. Principal Place of Business

2885 Electronics Dr

Suite, Apt. #, etc.

D 116

City & State

Melbourne, FL

Zip

32935

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

05012006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2102615

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ELROD, CLAYTON C
4185 MILWAUKEE AVE
W. MELBOURNE, FL 32904**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
ELROD, CLAYTON C
4185 MILWAUKEE AVE
W. MELBOURNE, FL 32904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
ELROD, DONALD T
4185 MILWAUKEE AVE
W. MELBOURNE, FL 32904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
Clayton Elrod
3090 Ohio St
Melbourne, FL 32904** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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TITLE
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CITY - ST - ZIP
☐ Change ☐ 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:

Clayton Elrod
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.06
Date

321-253-9999
Daytime Phone #