## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000053930

Entity Name: CLAYTON'S COTTAGE, INC.

FILED May 21, 2009 Secretary of State

6245 A N. DAVIS HWY
PENSACOLA, FL 32504
10100 PENSACOLA BLVD.
PENSACOLA, FL 32534

Current Mailing Address: New Mailing Address:

951 E. KINGSFIELD ROAD 2490 PORTOBELLA PL CANTONMENT, FL 32533 CANTONMENT, FL 32533

FEI Number: 20-2659267 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLAYTON, LAURIE H
951 E. KINGSFIELD ROAD
CANTONMENT, FL 32533 US
CLAYTON, LAURIE H
2490 PORTOBELLA PL
CANTONMENT, FL 32533 US

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: 05/21/2009

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: CLAYTON, LAURIE H Name: CLAYTON, LAURIE H

 Name:
 CLAYTON, LAURIE H
 Name:
 CLAYTON, LAURIE H

 Address:
 951 E. KINGSFIELD ROAD
 Address:
 2490 PORTOBELL PL

 City-St-Zip:
 CANTONMENT, FL 32533
 City-St-Zip:
 CANTONMENT, FL 32533

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: FLOYD, CRISTINA M Name: FLOYD, CRISTINA M

Name: FLOYD, CRISTINA M
Address: 951 E. KINGSFIELD RD.
City-St-Zip: CANTONMENT, FL 32533

Name: FLOYD, CRISTINA M
Address: 2490 PORTOBELL PL
City-St-Zip: CANTONMENT, FL 32533

Title: ( ) Delete Title: VP ( ) Change (X) Addition

 Name:
 Name:
 FLOYD, ELIZABETH A

 Address:
 Address:
 517 BENJUYLN RD

 City-St-Zip:
 City-St-Zip:
 CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify 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: LAURIE CLAYTON LC 05/21/2009