

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90083 048 ***150.00

DOCUMENT # P06000057007

1. Entity Name
CLAYTON SWFL INC



Principal Place of Business
**2066 N TAMiami TRAIL
NAPLES, FL 34102 US**

Mailing Address
**62 PALM TREE TERRACE
FT MYERS, FL 33905 US**

40072653



2. Principal Place of Business - No P.O. Box #
1706 Tamiami Trail N
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04042007 Chg-P CR2E034 (12/06)

City & State
Naples, FL
Zip **34108** Country

City & State
Zip Country

4. FEI Number
20-4736711
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CLAYTON, JULIA E
62 PALM TREE TERRACE
FT MYERS, FL 33095**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CLAYTON, JEFFREY**
STREET ADDRESS **62 PALM TREE TERRACE**
CITY-ST-ZIP **FT MYERS, FL 33905** ☐ Delete

TITLE **VP,S**
NAME **CLAYTON, JULIA E**
STREET ADDRESS **62 PALM TREE TERRACE**
CITY-ST-ZIP **FT MYERS, FL 33905** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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 ☐ Change ☐ Addition

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

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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:

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

Julia Clayton 4-15-2007 23926887
Date Daytime Phone #