

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90639 029 ***150.00

DOCUMENT # P10564

1. Entity Name
CLAYTON MANUFACTURING COMPANY



Principal Place of Business
**4213 N. TEMPLE CITY BLVD.
EL MONTE, CA 91731-1091**

Mailing Address
**PO BOX 5530
EL MONTE, CA 91734-1530**

14001872



04012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-3480714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COB
CLAYTON, WILLIAM, JR.
4213 N. TEMPLE CITY BLVD.
EL MONTE, CA 91731**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CLUER, ALLEN
4213 N. TEMPLE CITY BLVD.
EL MONTE, CA 91731**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
BOYD, CALVIN
4213 N. TEMPLE CITY BLVD.
EL MONTE, CA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CLAYTON, JOHN S
4213 N TEMPLE CITY BV
EL MONTE, CA 91731**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Clayton

626-443-9381

Daytime Phone #