

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90030 047 ***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		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	COB	<input type="checkbox"/> Delete		TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CLAYTON, WILLIAM, JR.			NAME	HARRY COLMERY		
STREET ADDRESS	4213 N. TEMPLE CITY BLVD.			STREET ADDRESS	4213 N. TEMPLE CITY BLVD		
CITY-ST-ZIP	EL MONTE CA 91731			CITY-ST-ZIP	EL MONTE, CA 91731		
TITLE	V	<input type="checkbox"/> Delete		TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CLUER, ALLEN			NAME	STEPHEN F. KELLER		
STREET ADDRESS	4213 N. TEMPLE CITY BLVD.			STREET ADDRESS	4213 N. TEMPLE CITY BLVD.		
CITY-ST-ZIP	EL MONTE CA 91731			CITY-ST-ZIP	EL MONTE, CA 91731		
TITLE	VT	<input type="checkbox"/> Delete		TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOYD, CALVIN			NAME	TOMAS VALLADARES		
STREET ADDRESS	4213 N. TEMPLE CITY BLVD.			STREET ADDRESS	4213 N. TEMPLE CITY BLVD.		
CITY-ST-ZIP	EL MONTE CA			CITY-ST-ZIP	EL MONTE, CA 91731		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLAYTON, JOHN S			NAME			
STREET ADDRESS	4213 N TEMPLE CITY BV			STREET ADDRESS			
CITY-ST-ZIP	EL MONTE CA 91731			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Boyd Calvin* **BOYD CALVIN** *3/18/2005* **626-443-9381**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #