

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P26424**

1. Entity Name  
**FLORIDA SISCO, INC.**



Principal Place of Business

**184 E. INEZ RD.  
P. O. BOX 1347  
DOTHAN, AL 36302-1347 US**

Mailing Address

**P.O. BOX 1347  
DOTHAN, AL 36302-1347 US**



01182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>63-0941614</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CLAYTON, KRIS  
2672 LAKEVIEW CIRCLE  
ALFORD, FL 32420**

**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 fee if applicable. (NOTE: Registered Agent signature required when re-registering) 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

U000000605465  
01/30/07-80037-006 150.00

10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>CLAYTON, WAYNE</b> <b>184 E. INEZ RD</b> <b>DOTHAN, AL 36301</b>
TITLE <b>SD</b>	<b>CLAYTON, BOBBY</b> <b>115 KING DRIVE</b> <b>WEBB, AL</b>
TITLE <b>TD</b>	<b>STEPHENS, JOHN</b> <b>1006 SHOREWOOD</b> <b>DOTHAN, AL</b>
TITLE <b>NAME</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

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:** **Wayne Clayton, President** 01/24/07 334-794-2645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #