2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P27517

1. Entity Name
DANT CLAYTON CORPORATION

Principal Place of Business	Mailing Address
1500 BERNHEIM LANE LOUISVILLE, KY 40210	1500 BERNHEIM LANE LOUISVILLE, KY 40210

03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-0947342

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PT
NAME	FISCHER, GREGORY
STREET ADDRESS	1715 SPRING DR
CITY-ST-ZIP	LOUISVILLE, KY 40205
TITLE	V
NAME	GUENTHNER, MICHAEL
STREET ADDRESS	154 N. GALT AVE
CITY-ST-ZIP	LOUISVILLE, KY 40206
TITLE	S
NAME	GUTTKNECHT, SANDRA
STREET ADDRESS	1465 HWY 64 NE
CITY-ST-ZIP	RAMSEY, IN
TITLE	D
NAME	MERRICK, KENNETH L
STREET ADDRESS	NEWMARKET DR.
CITY-ST-ZIP	LOUISVILLE, KY
TITLE	D
NAME	MERRICK, BRUCE C
STREET ADDRESS	5803 GLEN PARK RD
CITY-ST-ZIP	LOUISVILLE, KY 40222
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/10/07-80016-013 158.75

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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: Sandra Guttknecht 3/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #