

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90403 010 ***150.00

DOCUMENT # P94000056346

1. Entity Name

CLAYTON CUSTOM HOMES, INC.



Principal Place of Business

5341 SW 91ST TERR
STE A
GAINESVILLE FL 32608
US

Mailing Address

5341 SW 91ST TERR
STE A
GAINESVILLE FL 32608
US

2. Principal Place of Business

325 NW 30TH STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 141622

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

Zip

32607

Country

USA

City & State

GAINESVILLE FL

Zip

32614-1622

Country

USA

4. FEI Number

59-3257214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, JAMES E
325 NW 30TH ST
GAINESVILLE FL 32608

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, 2004 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

TITLE DP
NAME CLAYTON, JAMES E JR
STREET ADDRESS 325 NW 30TH ST
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

352-335-7792

Daytime Phone #