


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90038 018 ***150.00

DOCUMENT # P94000091987					
1. Entity Name CLAYTON-JOHNSTON, P.A.					
Principal Place of Business 111 S.E. 1ST AVENUE GAINESVILLE, FL 32601			Mailing Address 111 S.E. 1ST AVENUE GAINESVILLE, FL 32601		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	

50027333



03152005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3283917

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
IRELAND, LEONARD E JR. 111 S.E. 1ST AVENUE GAINESVILLE, FL 32601		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, 2005 Fee will be \$550.00

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, JAMES E	NAME	
STREET ADDRESS	ROUTE 1, BOX 37	STREET ADDRESS	
CITY-ST-ZIP	MICANOPY, FL 32667	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINCEY, JAMES S	NAME	
STREET ADDRESS	1934 N.W. 32ND TERRACE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRELAND, LEONARD E JR.	NAME	
STREET ADDRESS	11129 N.W. 12TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32608	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GADD, CHARLES M. JR.	NAME	
STREET ADDRESS	4401 S.W. 81ST PLACE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	LYDIA M. QUINN
STREET ADDRESS		STREET ADDRESS	459 TURKEY CREEK
CITY-ST-ZIP		CITY-ST-ZIP	ALACHUA, FL 32615
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: BY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 376-4694