


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90039 004 ***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 18 NW 33 COURT		3. Mailing Address 18 NW 33 COURT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State GAINESVILLE FL		City & State GAINESVILLE FL			
Zip 32607	Country USA	Zip 32607	Country USA		
4. FEI Number 59-3283917					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent IRELAND, LEONARD E JR. 111 S.E. 1ST AVENUE GAINESVILLE, FL 32601 <div style="text-align: center;"><i>ADDRESS CHANGE ONLY</i></div>			7. Name and Address of New Registered Agent Name IRELAND, LEONARD E JR. Street Address (P.O. Box Number is Not Acceptable) 18 NW 33 COURT City GAINESVILLE FL Zip Code 32607		
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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, JAMES E ROUTE 1, BOX 37 MICANOPY, FL 32667	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINCEY, JAMES S 1934 N.W. 32ND TERRACE GAINESVILLE, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRELAND, LEONARD E JR. 11129 N.W. 12TH PLACE GAINESVILLE, FL 32608	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GADD, CHARLES M. JR. 4401 S.W. 81ST PLACE GAINESVILLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUINN, LYDIA M 459 TURKEY CREEK ALACHUA, FL 32615	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			



05122006 Chg-P CR2E034 (11/05)

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: *CLAYTON-JOHNSTON, P.A.* **5/12/06** **352.376.4694**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #