

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00**  
**Secretary of Stat**

DOCUMENT # P95000092434

1. Entity Name  
CLAYPATH U.S., INC.



Principal Place of Business  
301 N FERNCREEK AVE  
ORLANDO, FL 32803 US

Mailing Address  
63 DARLINGTON RD  
STOCKTON CLEVELAND UNITED KINGDOM  
TS185EU, XX



03252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3363350

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CLAPHAM, GEORGE  
301 N. FERNCREEK AVE  
ORLANDO, FL 32803

**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, typewritten 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

UN00000287612  
04/04/05-80077-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME COXON, ROBERT  
STREET ADDRESS 63 DARLINGTON ROAD, HARTBURN STOCKTON ON  
CITY - ST - ZIP CLEVELAND, UK TS185EU

TITLE D  
NAME COXON, ALEXANDER G  
STREET ADDRESS 63 DARLINGTON ROAD, HARTBURN STOCKTON ON  
CITY - ST - ZIP CLEVELAND, UK TS185EU

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Robert Coxon* ROBERT COXON 26th March 44 1642 645561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #