

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059894

FILED
Apr 29, 2004
Secretary of State

Entity Name: CLAY CONSTRUCTION & THERMAL SYSTEMS, INC.

Current Principal Place of Business:

HWY 349 NORTH
OLD TOWN, FL 32680

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1829
LAKE CITY, FL 320561829

New Mailing Address:

FEI Number: 59-3399221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHREIBER, BRIAN P
2 GUERDON RD
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCRAE, T H
Address: GUERDON ROAD
City-St-Zip: LAKE CITY, FL 32055

Title: VPD () Delete
Name: ANDERSON, M. DOUGLAS
Address: HIGHWAY 349 NORTH
City-St-Zip: OLD TOWN, FL 32680

Title: STD () Delete
Name: SCHREIBER, BRIAN P
Address: GUERDON ROAD
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T.H. MCRAE

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date