2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000011437

1. Entity Name

L.T. CLAYTON AND BROTHERS ENTERPRISES, INC.



FILED Apr 24, 2007 08:00 A Secretary of State

Principal Place of Business 1615 N.W. 1ST AVENUE FLORIDA CITY, FL 33034 Mailing Address

1615 N.W. 1ST AVENUE FLORIDA CITY, FL 33034



DO NOT WRITE IN THIS SPACE

04202007 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0721977 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, LOVEY 1615 N.W. 1ST AVENUE FLORIDA CITY, FL 33034

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title	fannicable (NOTE: Paristaria	Acent signatur	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 9. Election Campaign Finance After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.			•	\$5.00 May Be Added to Fees	U00000730054 05/08/07-80064-014 317.50
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	PSD CLAYTON, LOVEY 1615 N.W. 1ST AVENUE FLORIDA CITY, FL 33034				
TITLE NAME	VD CLAYTON, DAVID				
STREET ADDRESS CITY-ST-ZIP	1615 N.W. 1ST AVENUE FLORIDA CITY, FL 33034				
TITLE NAME STREET ADDRESS			DO NOT WRITE		
CITY-ST-ZIP			l	ЪО	NOI WALLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	;	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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.

CICNATUDE:

CITY-ST-7IP

JACK Clay to LOVEL CLASTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

4-20-07

(305)248-2532

Daytime Phone #