


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000053224 1. Entity Name H. CLAYTON MCDONALD ENTERPRISES, INC.	
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Principal Place of Business 2652 KOCH RD ARCADIA, FL 34266 US	Mailing Address PO BOX 1500 ARCADIA, FL 34265 US
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DO NOT WRITE IN THIS SPACE.

01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0764195	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, H. CLAYTON
PO BOX 1500
2652 KOCH RD
ARCADIA, FL 34265

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000036165 02/06/04-80047-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVS MCDONALD, H. CLAYTON PO BOX 1500 N/A ARCADIA, FL 34265
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCDONALD, H. CLAYTON PO BOX 1500 N/A ARCADIA, FL 34265
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MCDONALD, MAE P O BOX 1500 ARCADIA, FL 34265
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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)(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: H. Clayton McDonald **2-2-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #