

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000053224

1. Entity Name
H. CLAYTON MCDONALD ENTERPRISES, INC.



Principal Place of Business
2652 KOCH RD
ARCADIA, FL 34266 US

Mailing Address
PO BOX 1500
ARCADIA, FL 34265 US



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0764195

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

Signature, typed or printed name of registered agent and this 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

10. OFFICERS AND DIRECTORS

TITLE	DPVS
NAME	MCDONALD, H. CLAYTON
STREET ADDRESS	PO BOX 1500 N/A
CITY - ST - ZIP	ARCADIA, FL 34265
TITLE	T
NAME	MCDONALD, H. CLAYTON
STREET ADDRESS	PO BOX 1500 N/A
CITY - ST - ZIP	ARCADIA, FL 34265
TITLE	ST
NAME	MCDONALD, MAE
STREET ADDRESS	P O BOX 1500
CITY - ST - ZIP	ARCADIA, FL 34265
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-05 863 993-3413

Date Daytime Phone #