

ANNUAL REPORT (AR)

DOCUMENT # P97000083021

1. Entity Name

CLAYTON COURT PROPERTIES, INC.



FILED
Jan 24, 2007 08:00 AM
Secretary of State

Principal Place of Business

25221 S.R. 54
LUTZ FL 33559

Mailing Address

P.O. BOX 7106
WESLEY CHAPEL FL 33543
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3470357

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, JEFFREY
211 S. DALE MABRY
TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Delete ☐

P
HOPKINS, DWIGHT
29010 TUPPER ROAD
ZEPHYRHILLS FL 33544

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change ☐ Addition ☐

U000000600839
01/26/07-80024-021 158.75

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change ☐ Addition ☐

TITLE
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CITY-STATE-ZIP
Delete ☐

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CITY-STATE-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change ☐ Addition ☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Dwight Hopkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-07

Date

813-973-1596

Daytime Phone #