

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000009686		
1. Entity Name CLAY CITY U.S.A., INC.		
Principal Place of Business 4902 WALLACE RD. PLANT CITY, FL 33567		Mailing Address 4902 WALLACE RD. PLANT CITY, FL 33567
DO NOT WRITE IN THIS SPACE		
		
02032006 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-3488601		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RAMIREZ, JORGE L 4902 WALLACE RD. PLANT CITY, FL 33567		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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAMIREZ, JORGE L 4902 WALLACE RD. PLANT CITY, FL 33567	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOPEZ, MAYRA 4902 WALLACE RD. PLANT CITY, FL 33567	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAMIREZ, MELANIE 4902 WALLACE RD. PLANT CITY, FL 33567	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAMIREZ, JENNIFER 4902 WALLACE RD. BRANDON, FL 33511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAMIREZ, ALEXANDRA 4902 WALLACE RD. PLANT CITY, FL 33567	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapters 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: <u>Jorge L. Ramirez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>2/13/06</u> Date <u>813-650-0837</u> Daytime Phone #