


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 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

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3488601

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

Applied For
Not Applicable

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RAMIREZ, JORGE L
STREET ADDRESS	4902 WALLACE RD.
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	STD
NAME	LOPEZ, MAYRA
STREET ADDRESS	4902 WALLACE RD.
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	DVP
NAME	RAMIREZ, MELANIE
STREET ADDRESS	4902 WALLACE RD.
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	DVP
NAME	RAMIREZ, JENNIFER
STREET ADDRESS	4902 WALLACE RD.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	DVP
NAME	RAMIREZ, ALEXANDRA
STREET ADDRESS	4902 WALLACE RD.
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000601005
01/26/07-80031-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *Jorge L. Ramirez* **Jorge L. Ramirez - President** 1/9/07 813-380-3803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #