


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000065511</b>	
1. Entity Name CLAYTON ENTERPRISES, INC.	

Principal Place of Business 7415 COUNTY ROAD 30 PORT SAINT JOE, FL 32456	Mailing Address 7415 COUNTY ROAD 30 PORT SAINT JOE, FL 32456
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DO NOT WRITE IN THIS SPACE



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3522660	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CLAYTON, DENISE C 7415 COUNTY ROAD 30 PORT SAINT JOE, FL 32456
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CLAYTON, MICHAEL L 7415 COUNTY RD 30 PORT SAINT JOE, FL 32456
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CLAYTON, DENISE C 7415 COUNTY ROAD 30 PORT SAINT JOE, FL 32456
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02/11/06-80028-016 150.00

DO NOT WRITE  
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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 807, 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.

<b>SIGNATURE:</b> 	<b>Date:</b> 1/31/06	<b>Daytime Phone #:</b> 850-227-1035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Denise C. Clayton Secretary		