


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P98000083272 1. Entity Name WILLIAM CLAY, P.A. |  |
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Principal Place of Business
317 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779

Mailing Address
317 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3533817 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

CLAY, WILLIAM
317 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779

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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, 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 NAME STREET ADDRESS CITY - ST - ZIP | SDVT CLAY, WILLIAM P.A. 317 WEKIVA SPGS RD LONGWOOD, FL 32779 |
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04/08/05-80047-014 150.00

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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: William Clay P.A. WILLIAM CLAY P.A. 3-23-05 407 862-3614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #