

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000029377

1. Entity Name

CLAY ARCHITECTURAL SUPPLY, INC.



Principal Place of Business

255 LAWRENCE BLVD
KEYSTONE HEIGHTS FL 32656

Mailing Address

255 LAWRENCE BLVD
KEYSTONE HEIGHTS FL 32656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3567489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ETHERIDGE, CHARLES D
777 SE 50TH ST
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: ST
NAME: ETHERIDGE, CHARLES D
STREET ADDRESS: 777 SE 50TH STREET
CITY - ST - ZIP: KEYSTONE HEIGHTS FL 32656 ☐ Delete

TITLE: P
NAME: ETHERIDGE, DEBORAH
STREET ADDRESS: 777 SE 50TH STREET
CITY - ST - ZIP: KEYSTONE HEIGHTS FL 32656 ☐ Delete

TITLE: VP
NAME: GOETZMAN, JANICE LYNN
STREET ADDRESS: 6606 IMMOKALEE RD
CITY - ST - ZIP: KEYSTONE HEIGHTS FL 32656 ☐ Delete

TITLE: D
NAME: GOETZMAN, GEORGE F
STREET ADDRESS: 6606 IMMOKALEE RD
CITY - ST - ZIP: KEYSTONE HEIGHTS FL 32656 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY - ST - ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY - ST - ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 000000084472
CITY - ST - ZIP: 03/11/04-80008-002 150.00

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY - ST - ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
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CITY - ST - ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY - ST - ZIP: ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-04 352-473-4076