

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000096742

1. Entity Name

ARCHITECTURAL CLAY DESIGNS, INC.



FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90020 038 ***150.00

** * * * *



MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address PO BOX 36 PORT SALERNO FL 34992 US		
-----------------------------	---	--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3606572	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent		
ERVIN, BEVERLY D 4745 S.E. DESOTO AVE STUART FL 34997	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.

Beverly D. Ervin **Beverly D. Ervin, President 2/23/04**
 SIGNATURE: *Beverly D. Ervin* (NOTE: Registered Agent signature required when reinstating) DATE: **2/23/04**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERVIN, BEVERLY D 4290 SE SALERNO RD STUART FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD Ervin, Beverly D. 4745 S. E. Desoto Ave. Stuart, FL 34997</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V- Vice - President John Hennessee 4745 S. E. Desoto Ave. Stuart, FL 34997</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

Beverly D. Ervin **Beverly D. Ervin, President 02/23/04 223-6303**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #