


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # S54392
 1. Entity Name
 CLAYTON W. FRAZIER ENTERPRISES, INC.



Principal Place of Business Mailing Address
 1401 HWY 17 NORTH 1401 HWY 17 NORTH
 FORT MEADE, FL 33841-3308 FORT MEADE, FL 33841-3308

DO NOT WRITE IN THIS SPACE



03072007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3068482 Not Applicable

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

6. Name and Address of Current Registered Agent
 FRAZIER, CLAYTON W.
 202 WEST BROADWAY
 FORT MEADE, FL 33841

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

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

1100000669386
 03/27/07-30069-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVPD
NAME	FRAZIER, CLAYTON W.
STREET ADDRESS	400 N.E. WILSON
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	D
NAME	FRAZIER, TAMMIE
STREET ADDRESS	400 N.E. WILSON
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: Clayton W. Frazier 3-14-07 867-295-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #