


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90073 026 ***150.00

| | |
|---|---|
| DOCUMENT # M98199 1. Entity Name CLARK PROPERTIES CORPORATION |  |
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| Principal Place of Business 5111 RIDGEWOOD AVENUE SUITE 300 PORT ORANGE, FL 32127 US | Mailing Address P.O. BOX 238071 PORT ORANGE, FL 32123-8071 US |
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50001301

(M98199=====P)

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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address 5111 South Ridgewood Avenue Suite 300 |
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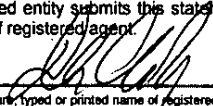
01112008 Chg-P CR2E034 (12/06)

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|---|------------------------------------|--|
| City & State Port Orange, Florida | 4. FEI Number 59-2912571 | Applied For <input type="checkbox"/> Not Applicable |
|---|------------------------------------|--|

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|---------------------|-----------------------|---|---------------------------------------|
| Zip 32127 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---------------------|-----------------------|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent CLARK, D. ANDREW 5111 RIDGEWOOD AVENUE SUITE 300 PORT ORANGE, FL 32127 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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:  _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-------------------------------------|--|---|
| TITLE | DST <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLARK, DOUGLAS J. | NAME | |
| STREET ADDRESS | 5120 RIVERSIDE DR. | STREET ADDRESS | |
| CITY-ST-ZIP | DAYTONA BEACH, FL | CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLARK, D. ANDREW | NAME | |
| STREET ADDRESS | 4061 SOUTH NOVA RD. | STREET ADDRESS | |
| CITY-ST-ZIP | PORT ORANGE, FL | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #