

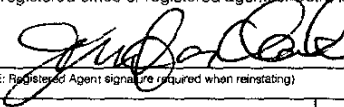
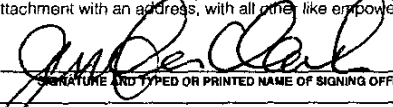


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90039 037 ***158.75

DOCUMENT # P03000093320					
1. Entity Name BRIAN C. CLARK INC					
Principal Place of Business 4995 US1 HWY N UNIT 110 COCOA, FL 32927			Mailing Address 4565 DELESPINE RD COCOA, FL 32927		
2. Principal Place of Business 4995 US1 HWY N Suite, Apt. #, etc. UNIT 110 City & State COCOA FL Zip 32927 Country USA			3. Mailing Address 954 EIKCAM Blvd Suite, Apt. #, etc. City & State COCOA FL Zip 32927 Country USA		
					
			01152004 Chg-P CR2E034 (10/03)		
			4. FEI Number 33-1068716		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CLARK, JENNIFER L 4565 DELESPINE RD COCOA, FL 32927			7. Name and Address of New Registered Agent Name CLARK JENNIFER L Street Address (P.O. Box Number is Not Acceptable) 954 EIKCAM Blvd City COCOA FL FL Zip Code 32927		
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 <u>JENNIFER L. CLARK</u>  DATE <u>1/15/04</u> ^(P) <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P CLARK, BRIAN C 4565 DELESPINE RD COCOA, FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, BRIAN C 954 EIKCAM Blvd COCOA, FL 32927 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, JENNIFER L 4565 DELESPINE RD COCOA, FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, JENNIFER L 954 EIKCAM Blvd COCOA, FL 32927 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA FOSTER, JAMES J 4565 DELESPINE RD COCOA, FL 32927 <input checked="" 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 checked="" 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.					
SIGNATURE: <u>JENNIFER CLARK</u>  DATE <u>1/15/04</u> 321-720-7683 <small>Signature and typed or printed name of signing officer or director</small>					