


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 371387		
1. Entity Name CLARK FINISHING COMPANY, INC.		

Principal Place of Business 4711 126TH AVE. N. SUITE A CLEARWATER, FL 33762	Mailing Address P.O. BOX 616644 ORLANDO, FL 32861
--	---

2. Principal Place of Business - No P.O. Box # 2807 Mercy Dr	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando FL	City & State
Zip 32808	Country orange

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLARK, ROBERT S., JR. 2807 MERCY DRIVE ORLANDO, FL 32808		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	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	V CLARK, JAMES 1431 SUZANNE WAY LONGWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400103094134 05/23/07--01009--028 +\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT CLARK, ROBERT JR 2807 MERCY DR ORLANDO, FL <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	VP HEIM, MARK S 40 HARBOR OAKS CIR. SAFETY HARBOR, FL 34695 <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
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 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: Robert S. Clark 4/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
2007 MAY -4 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04172007 Chg-P CR2E034 (12/06)

4. FEI Number
59-1303644 Applied For
Not Applicable

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

5/14/07