

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 226107

1. Entity Name
CLARK CORPORATION



Principal Place of Business
**200 HARTMAN RD
FT. PIERCE, FL 34947**

Mailing Address
**200 HARTMAN RD
FT. PIERCE, FL 34947**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0877161

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CLARK, JO ANN
200 HARTMAN RD
FORT PIERCE, FL 34947**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CLARK, JO ANN
STREET ADDRESS	200 HARTMAN RD
CITY-ST-ZIP	FORT PIERCE, FL
TITLE	VP
NAME	CLARK, GEORGE W JR.
STREET ADDRESS	200 HARTMAN RD
CITY-ST-ZIP	FT PIERCE, FL 34974
TITLE	ST
NAME	LLANAS, KAREN S
STREET ADDRESS	1606 FLORIDA AVE.
CITY-ST-ZIP	FT. PIERCE, FL 34950
TITLE	VP
NAME	CLARK, SR, GEORGE W
STREET ADDRESS	200 HARTMAN RD
CITY-ST-ZIP	FT. PIERCE, FL 34947
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/08-80091-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Jo Ann Clark **JO ANN CLARK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

Date

772-461-2875

Daytime Phone #