

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90044 020 ***150.00

DOCUMENT # 323116

1. Entity Name

CLARK AND LOGAN, INC.



Principal Place of Business

1108 ELDRIDGE ST.
CLEARWATER FL 33755
US

Mailing Address

1108 ELDRIDGE ST.
CLEARWATER FL 33755
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOGAN, JOHN H., JR.
1108 ELDRIDGE STREET
CLEARWATER FL 34615

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PROEFKE, JR EDWARD A	
STREET ADDRESS	1108 ELDRIDGE STREET	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JOHNSON, THERESA A	
STREET ADDRESS	1108 ELDRIDGE STREET	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOGAN, LYNN H	
STREET ADDRESS	1108 ELDRIDGE STREET	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	JESTER, PHILIP A.	
STREET ADDRESS	1108 ELDRIDGE STREET	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JESTER, ALLISON J	
STREET ADDRESS	1108 ELDRIDGE ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOGAN, JOHN H JR	
STREET ADDRESS	1108 ELDRIDGE STREET	
CITY-ST-ZIP	CLEARWATER FL 33755	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3/30/06

Date

991-446-2184

Daytime Phone #