

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 436434 1. Entity Name CLARK & COMPANY, INC.	
--	---

Principal Place of Business 5601 SW 109 AVENUE FORT LAUDERDALE, FL 33328 US	Mailing Address 5722 S FLAMINGO ROAD SUITE 306 FORT LAUDERDALE, FL 33330 US
--	---



04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1506558	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

CLARK, DAVID A.
5601 SW 109 AVE
FT LAUDERDALE, FL 33328

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

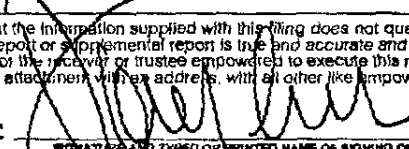
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000501747 04/25/06-80074-021 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P CLARK, DAVID A 5601 SW 109TH AVE FT LAUDERDALE, FL 00000.
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST JOANNE CLARK 5601 SW 109 AVE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**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 of 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 an other like empowered.

SIGNATURE:  **David A. Clark 4-6-06 (954) 434-6500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR