

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 464572

1. Entity Name
CLARK FILM CO.



Principal Place of Business
**1405 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32211-5249**

Mailing Address
**1405 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32211-5249**



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1555250	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BELTON M. CLARK
3826 MUSKET TRAIL
JACKSONVILLE, FL 32277**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000126540
04/23/04-80038-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLARK, BELTON M
STREET ADDRESS	3826 MUSKET TRAIL
CITY - ST - ZIP	JACKSONVILLE, FL

TITLE	T
NAME	CLARK, MARY ANN
STREET ADDRESS	3826 MUSKET TRAIL
CITY - ST - ZIP	JACKSONVILLE, FL

TITLE	VP
NAME	CLARK, TROY A
STREET ADDRESS	12043 MICHAEL WAY W
CITY - ST - ZIP	JACKSONVILLE, FL 32223

TITLE	S
NAME	CLARK, RUTH
STREET ADDRESS	12043 MICHAEL WAY W
CITY - ST - ZIP	JACKSONVILLE, FL 32223

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Mary Ann Clark Mary Ann Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04
Date

Daytime Phone #