


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90122 014 \*\*\*550.00

<b>DOCUMENT # 464572</b> 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
--	--

**DO NOT WRITE IN THIS SPACE**

40125000



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1555250	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>	DATE _____
---	------------

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CLARK, BELTON M 3826 MUSKET TRAIL JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CLARK, MARY ANN 3826 MUSKET TRAIL JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CLARK, TROY A <del>12043 MICHAEL WAY W</del> 12208 Reedpond Court JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CLARK, RUTH <del>12043 MICHAEL WAY W</del> 12208 Reedpond Court 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 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: <u>Mary Ann Clark</u> <u>Mary Ann Clark</u> <u>7/10/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
--	------	-----------------