

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2008 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



02142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1555250

Applied For
Not Applicable

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000932018
02/27/08-80042-015 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CLARK, BELTON M
STREET ADDRESS 3826 MUSKET TRAIL
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE T
NAME CLARK, MARY ANN
STREET ADDRESS 3826 MUSKET TRAIL
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE VP
NAME CLARK, TROY A
STREET ADDRESS 12208 REEDPOND COURT
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE S
NAME CLARK, RUTH
STREET ADDRESS 12208 REEDPOND COURT
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 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: *Mary H. Clark* *Mary H. Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08 904-744-4500

Date Daytime Phone #