


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90055 036 \*\*\*150.00

<b>DOCUMENT # 531986</b> 1. Entity Name <b>CLARK COMMERCIAL ENTERPRISES, INC.</b>					
Principal Place of Business <b>2341 HAITAIN DR APT 21 CLEARWATER, FL 33763-3117</b>			Mailing Address <b>13770 58TH ST. N. SUITE 304 CLEARWATER, FL 33760</b>		
2. Principal Place of Business <b>13770 58th St N</b>		3. Mailing Address Suite, Apt. #, etc. <b>Ste 304</b>			
City & State <b>Clearwater, FL</b>		City & State <b>Clearwater, FL</b>			
Zip <b>33760</b>		Country		4. FEI Number <b>59-1733014</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>SKALSKI, JOSEPH C ESQ 13770 58TH ST. N. SUITE 304 CLEARWATER, FL 33760</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, GEORGE C SR 2341 HAITAIN DR CLEARWATER, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Clark, George C Sr 13770 58th St N, Ste 304 Clearwater, FL 33760	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLARK, MARSHA 2321 HARN BLVD CLEARWATER, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, DAVID M 2321 HARN BLVD CLEARWATER, FL 33764	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, CURTIS M 2290 ESATVIEW CIRCLE CORVALLIS, OR 97330	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, NANCY R 220 GREENVILLE AVE N SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 employees.					
<b>SIGNATURE:</b> <i>Clark M Clark VP</i> <b>1/13/05</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					