

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000001242

1. Entity Name
CLARK CHEVROLET CADILLAC INC.



Principal Place of Business
35 DUNDEE ROAD
PINEHURST, NC 28374

Mailing Address
P.O BOX 1890
PINEHURST, NC 28370



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-0988814

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, WILLIAM C JR.
4527 MANGROVE POINT
BRADENTON, FL 34210

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CP
CLARK, TROY D
360 LAKEWOOD DR.
PINEHURST, NC 28374

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VV
CLARK, WILLIAM C JR.
P.O. BOX 1890
PINEHURST, NC 28370

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
EUBANKS, JON
6201 HAMPTON RIDGE RD
RALEIGH, NC 28374

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/13/05-80020-003 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Eubanks Jon Eubanks

1/11/05

Date

910-295-6101

Daytime Phone #