## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 20, 2005 8:00 am Secretary of State DOCUMENT # F93000003496 04-20-2005 90348 046 \*\*\*150.00 1. Entity Name CLARK ENVIRONMENTAL SERVICES OF N.C., INC. Principal Place of Business Mailing Address 50040605 **5000 BLUE CLAY ROAD** P.O. BOX 10136 WILMINGTON, NC 2B404-0136 US CASTLE HAYNE, NC 28429 03112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-1733347 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOW, J. JONATHAN DO NOT WRITE 2613 PARMA STREET SARASOTA, FL 34231 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, typed or printed name of registered agent and title if applicable. G. CI: (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 & After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. -Vice President/ BOD TITLE CLARK, STEPHEN P, PG NAME STREET ADDRESS 108 PALMETTO DR CITY-ST-ZIP HAMPSTEAD, NC TITLE Vice President / BOD NAME D.B. Floyd, PLS STREET ADORESS 3709 Sand Trap Ct Wilmington, NC CITY-ST-ZIP .BOD CLARK, NANCY L NAME STREET ADDRESS 108 PALMETTO DR DO NOT WRITE CITY-ST-ZIP HAMPSTEAD, NC President / BOD CLARK PAULR , PG TITLE IN THIS SPACE NAME 5000 Blue Clay Road STREET ADDRESS CiTY-ST-ZIP Castle Hayne, NC TITLE Secretary / 802 SOUNDVIEW STREET ADORESS CITY-ST-ZIP HAMPSTEAD, NO Vice President / TITLE Joseph Spahr, PE 77 Millard Lane: STREET ADDRESS CITY-ST-ZIP Hampstead, NC 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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