

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # G18720



1. Entity Name

CLARK ENTERPRISES OF ORLANDO, INCORPORATED

Principal Place of Business

3008 KANANWOOD COURT
SUITE 124
OVIEDO FL 32765
US

Mailing Address

3008 KANANWOOD COURT
SUITE 124
OVIEDO FL 32765
US



2. Principal Place of Business - No P.O. Box #

3008 Kananwood Ct

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

Suite 124

City & State

Oviedo FL

City & State

4. FEI Number

59-2250532

Applied For

Not Applicable

Zip

32765

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, MICHAEL A
3008 KANANWOOD COURT
SUITE 124
OVIEDO FL 32765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CLARK, MICHAEL A
STREET ADDRESS 3008 KANANWOOD COURT, #124
CITY-STATE-ZIP OVIEDO FL 32765

TITLE SD ☐ Delete
NAME CLARK, WILLIAM S
STREET ADDRESS 3008 KANANWOOD COURT, #124
CITY-STATE-ZIP OVIEDO FL 32765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000671084
CITY-STATE-ZIP 03/28/07-80015-009 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Michael A. Clark / Michael A Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 366-1808