


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

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| DOCUMENT # G18978 1. Entity Name CLARK CONSULTANTS, INC. |  |
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| Principal Place of Business 786 BOARDMAN ROAD AIKEN, SC 29803 | Mailing Address 221 E. CHURCH STREET JACKSONVILLE, FL 32202-3151 |
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03022005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 57-0746543 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ROTCHFORD, GEORGE D. 221 EAST CHURCH ST. JACKSONVILLE, FL 32202 | DO NOT WRITE IN THIS SPACE |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP ICE, CLARKE H 786 BOARDMAN ROAD AIKEN, SC 29803 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST ICE, WALTER 2026 TYSON RD. ASHLAND, AL 36251 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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04/07/05-80061-018 150.00

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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.

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| SIGNATURE: <u>Walter Ice</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | March 14, 2005 Date | Daytime Phone # |
|--|------------------------|-----------------|