


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Apr 13, 2005 08:00 AM
Secretary of State**

DOCUMENT # H70773 1. Entity Name FISHER-CLARK CONSTRUCTION, INC.	
--	---

Principal Place of Business 19009 SE KOKOMO LANE JUPITER FL 33458 US	Mailing Address 19009 SE KOKOMO LANE JUPITER FL 33458 US
--	--



1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

4. FEI Number 59-2707200	Applied For <input type="checkbox"/> Not Applied
---------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent CLARK, BARRY A. 9126 BAY HARBOUR CIRCLE WEST PALM BEACH FL 33411
--

7. Name and Address of New Registered Agent 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 _____	(NOTE Registered Agent signature required when reinstating)	DATE _____
-----------------	---	------------

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS		Delete
TITLE	DVP	<input type="checkbox"/>
NAME	CLARK, BARRY	
STREET ADDRESS	9126 BAY HARBOR CIRCLE	
CITY - ST - ZIP	WEST PALM BEACH FL 33411	
TITLE	DP	<input type="checkbox"/>
NAME	FISHER, STEPHEN	
STREET ADDRESS	18812 RIO VISTA DR	
CITY - ST - ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Addition
TITLE	U00000302691	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS	04/13/05-80082-013 150.00		
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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: <u>B. A. Clark</u>	Date: <u>2/15/05</u>	Daytime Phone #: <u>561 792 9532</u>
-------------------------------	----------------------	--------------------------------------