

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90101 036 \*\*\*150.00

**DOCUMENT # J40985**



1. Entity Name

C.L. CLARK, BUILDING CONTRACTOR, INC.

Principal Place of Business

C/O CLARENCE CLARK  
605 LAKESIDE HARBOR  
BOYNTON BEACH FL 33435

Mailing Address

C/O CLARENCE CLARK  
605 LAKESIDE HARBOR  
BOYNTON BEACH FL 33435

50028515



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

327 SQUIRE DRIVE  
Suite, Apt. #, etc.

3. Mailing Address

327 SQUIRE DRIVE  
Suite, Apt. #, etc.

City & State

WELLINGTON, FLA

City & State

WELLINGTON, FLA

4. FEI Number

59-2741054

Applied For

Not Applicable

Zip

33414

Country

FLORIDA

Zip

33414

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARK, CLARENCE L  
605 LAKESIDE HARBOR  
BOYNTON BCH FL 33435

327 SQUIRE DRIVE  
WELLINGTON, FLA  
33414

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

*Clarence L. Clark*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-14-05

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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME CLARK, CLARENCE L.  
STREET ADDRESS 605 LAKESIDE HARBOR  
CITY-ST-ZIP BOYNTON BEACH FL ☐ Delete

TITLE VS  
NAME CLARK, MARK R  
STREET ADDRESS 605 LAKESIDE HARBOR  
CITY-ST-ZIP BOYNTON BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

*CLARENCE L. CLARK*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-05

DATE

561-282-7725

DAYTIME PHONE #