


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90013 014 \*\*\*150.00

<b>DOCUMENT # J57649</b> 1. Entity Name <b>CLARK RACING: CARACAL CARS, INC.</b>					
Principal Place of Business <b>4451-2 SUNBEAM ROAD JACKSONVILLE, FL 32257</b>			Mailing Address <b>7938 JOLLIET DRIVE JACKSONVILLE, FL 32217</b>		
2. Principal Place of Business - No P.O. Box # <b>2345 Harper Street</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Jacksonville, Florida</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>59-2771386</b>	
Zip <b>32204</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CLARK, CARMA J 7938 JOLLIET DRIVE JACKSONVILLE, FL 32217</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CLARK, C. FRED 7938 JOLLIET DRIVE JACKSONVILLE, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <u>C. Fred Clark / President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/1/08</u> <small>Date</small>		<u>9042345603</u> <small>Daytime Phone #</small>