
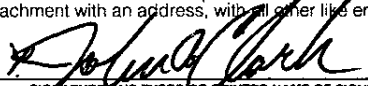


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90038 024 \*\*\*150.00

<b>DOCUMENT # K16640</b> 1. Entity Name <b>CLARK WATER CO.</b>					
Principal Place of Business <b>1613 US HWY 1 SEBASTIAN FL 32958</b>			Mailing Address <b>1613 US HWY 1 SEBASTIAN FL 32958</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number <b>65-0032417</b>		
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>CLARK, GERALD R., SR. RETIRED</b> <b>608 S.W. SEMBLER STREET</b> <b>SEBASTIAN FL 32958</b>		7. Name and Address of New Registered Agent Name <b>John A. CLARK</b> Street Address (P.O. Box Number is Not Acceptable) <b>332 B Harp Terr.</b> City <b>SEBASTIAN</b> FL <b>32958</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, JOHN A. 691 BALBOA STREET SEBASTIAN FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARK, THOMAS 8265 90TH AVENUE VERO BEACH FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, PAMELA A. 691 BALBOA STREET SEBASTIAN FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary CLARK, Pamela A. 332B Harp Terrace Sebastian, FL 32958	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, PAMELA 3328 HARPTREE SEBASTIAN FL 32958		TITLE NAME STREET ADDRESS CITY-ST-ZIP	no such Address	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <b>John A. Clark</b> 2/2/04 772-5899166					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					