2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54896

Address:

712 VENTURI AVE

City-St-Zip: CRYSTAL RIVER, FL 34429

R & R CLARK CONSTRUCTION INC

FILED Apr 24, 2009 Secretary of State

Entity Nai	me: R&RCL	ARK CONSTRU	JCTION, INC.				
Current Principal Place of Business:				New Principal F	New Principal Place of Business:		
6481 W NORVELL BRYANT PO BOX 351 CRYSTAL RIVER, FL 34429 US				6481 W NORVELL BRYANT HWY. CRYSTAL RIVER, FL 34429 US			
Current Mailing Address:				New Mailing Ac	New Mailing Address:		
P. O. BOX PO BOX 3 CRYSTAL		423 US					
FEI Number	: 59-2922855	FEI Number Ap	plied For()	FEI Number Not Applicable	() Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Addi	Name and Address of New Registered Agent:		
CLARK, DOLORES H. 6481 NORVELL BRYANT HWY PO BOX 351 CRYSTAL RIVER, FL 34423 US				6481 NÓRVELL	CLARK, DOLORES H. 6481 NORVELL BRYANT HWY CRYSTAL RIVER, FL 34429 US		
	named entity s e of Florida.	submits this stat	ement for the p	urpose of changing its reg	istered office or registered agent, or both,		
SIGNATURE:					04/24/2009		
	Electron	ic Signature of I	Registered Age	nt	Date		
Election Car	npaign Financing	g Trust Fund Cont	ribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PTS () CLARK, DOLOF PO BOX 351 N CRYSTAL RIVE	Д		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	CLARK, RICHA	PRINGS TERRACE	Ē	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	V () CLARK, W. RAI	Delete		Title: Name:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DOLORES H. CLARK PRES 04/24/2009