2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000000316

1. Entity Name
CLARK-GAICH ENTERPRISES, L.C.

Principal Place of Business	Mailing Address
575 S WICKHAM RD SUITE E WEST MELBOURNE, FL 32904	575 S WICKHAM RD SUITE E WEST MELBOURNE, FL 32904

DO NOT WRITE IN THIS SPACE

03052004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-2545496	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, COY A
575 S WICKHAM RD
SUITE E
WEST MELBOURNE, FL 32904

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CLARK, COY A
STREET ADDRESS	575 S WICKHAM ROAD, STE E
CITY-ST-ZIP	WEST MELBOURNE, FL 32904

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04/26/04-80114-020 50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Coy A. Clark_   COY A CLARK   4/14/04   321-723-9888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #