

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000010390

1. Entity Name

CLARK, CONRAD & WATSON, L.L.C.



Principal Place of Business

12815 HIGHWAY 98 WEST, STE. 116
DESTIN, FL 32550

Mailing Address

12815 HIGHWAY 98 WEST, STE. 116
DESTIN, FL 32550

DO NOT WRITE IN THIS SPACE



03162004 No Chg-LLC -- CR2E083 (10/03)

4. FEI Number

59-3591785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, LISA
12815 HIGHWAY 98 WEST, STE. 116
DESTIN, FL 32550

**DO NOT WRITE
IN THIS SPACE**

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**

000000103927

04/05/04-80076-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CLARK, LISA
STREET ADDRESS	12815 HIGHWAY 98 WEST, STE. 116
CITY-ST-ZIP	DESTIN, FL 32550

TITLE	
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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #