2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90253 017 ****50.00

DOCUMENT # L03000005833

1. Entity Name
F.D. CLARK AND COMPANY (USA), LLC

Principal Place of Business	Mailing Address
~~57 BROADWAY~~ ~~DUNEDIN, FL~~ 34698 US	~~57 BROADWAY~~ ~~DUNEDIN~~, FL 34698 US

01262004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. PO BOX 489		Suite, Apt. #, etc. PO BOX 489	
City & State OZONA, FLORIDA		City & State OZONA, FLORIDA	
Zip 34660	Country USA	Zip 34660	Country USA

4. FEI Number — Applied For / [X] Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, FERGUS
57 BROADWAY
DUNEDIN, FL 34698

7. Name and Address of New Registered Agent

Name CLARK, FERGUS
Street Address (P.O. Box Number is Not Acceptable) ~~PO BOX 489~~ 205 EDGEWATER DRIVE
City ~~OZONA~~ DUNEDIN FL Zip Code ~~34660~~ 34698

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / FERGUS CLARK / 205 EDGEWATER DRIVE / DUNEDIN FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 3/30/2004 (727)7337151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #