

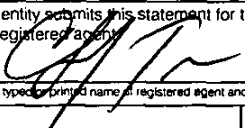
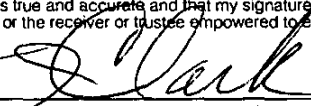


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAY 11 AM 9:02

<b>DOCUMENT # L04000037776</b> 1. Entity Name <b>CLARK FINANCIAL GROUP, LLC</b>					
Principal Place of Business <b>1 NE FIRST AVE. SUITE 303 OCALA, FL 34470</b>			Mailing Address <b>P.O. BOX 190 OCALA, FL 34478</b>		
2. Principal Place of Business <b>21 NORTH MAGNOLIA AVE</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>P.O. Box 190</b> <small>Suite, Apt. #, etc.</small>		  02282005 Chg-LLC CR2E083 (10/03)	
<b>SECOND FLOOR</b> <small>City &amp; State</small> <b>OCALA, FL</b>		<small>City &amp; State</small> <b>OCALA FL</b>			
<small>Zip</small> <b>34475</b>	<small>Country</small> <b>USA</b>	<small>Zip</small> <b>34478</b>	<small>Country</small> <b>USA</b>		
4. FEI Number <span style="float: right;"><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</span>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				6. Name and Address of Current Registered Agent  <b>TROW, CHESTER J.</b> <b>1 NE FIRST AVE. SUITE 303</b> <b>OCALA, FL 34470</b>	
7. Name and Address of New Registered Agent <small>Name</small> <b>TROW, CHESTER J</b>					
<small>Street Address (P.O. Box Number is Not Acceptable)</small> <b>21 NORTH MAGNOLIA AVENUE</b>					
<small>City</small> <b>OCALA</b> <small>FL</small> <small>Zip</small> <b>34475</b>					
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  <span style="float: right;">3/16/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>MGR</b> <b>CLARK, JACK A</b> <b>2216 ASHLEY COURT</b> <b>OCALA, FL 34471</b>	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> <div style="text-align: center;"> <b>300053695143</b>  <b>05/03/05--01049--002 **311.25</b> </div>			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>MGR</b> <b>HANLEY, JOHN F</b> <b>2190 SE ASHLEY COURT</b> <b>OCALA, FL 34471</b>	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>			
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.					
<b>SIGNATURE:</b> 			<div style="text-align: right;"> <b>5/9/05</b> <b>352-732-8121</b>  <small>Date Daytime Phone #</small> </div>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					