2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000105324

1. Entity Name

MORRIS-CLARK CONTRACTING, LLC



Principal Place of Business

12 MIRACLE STRIP PARKWAY SUITE 102 FORT WALTON BEACH, FL 32548 Mailing Address

12 MIRACLE STRIP PARKWAY SUITE 102 FORT WALTON BEACH, FL 32548

## FILED Aug 27, 2008 8:00 am Secretary of State

08-27-2008 90029 023 \*\*\*143.75

60046701



07112008 No Chg-LLC

CR2E083 (12/07)

DO	NOT	WRITE	IN	THIS	SPACE	4. FEI Number 20-5797424			
						5. Certificate of Status Desired	1 1	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

MORRIS, GERALD D JR 12 MIRACLE STRIP PKWY SE STE 102 FT WALTON BEACH, FL 32548

## 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 t	tle if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE			
FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.							
9.	MANAGING MEMBERS	MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS, GERALD 6961 LOYSBURG ST NAVARRE, FL 32566						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: May 10 May	of the same of	Morris Sa. 7-1608	850-685-0616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #