

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L39451  
 1. Entity Name  
 CLARK'S FISH CAMP & SEAFOOD, INC.



Principal Place of Business      Mailing Address  
 12903 HOOD LANDING ROAD      12903 HOOD LANDING ROAD  
 JACKSONVILLE, FL 32258      JACKSONVILLE, FL 32258

**DO NOT WRITE IN THIS SPACE**



03022004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2981989      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PEOPLES, JOAN R  
 12903 HOOD LANDING  
 JACKSONVILLE, FL 32258

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

U00000074858  
 03/03/04-80036-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PEOPLES, JOAN R. 12903 HOOD LANDING ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEOPLES, MARK E. 12903 HOOD LANDING ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEOPLES, BRINDA L. 12903 HOOD LANDING ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joan R Peoples*      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #