

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L85577

1. Entity Name
CLARK-GRIGSBY ENTERPRISES, INC.



Principal Place of Business
**8272 SW CIR 18
HAMPTON, FL 32044 US**

Mailing Address
**8272 SW CIR 18
HAMPTON, FL 32044 US**



01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3021478

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CLARK, THOMAS
8272 SW CR 18
HAMPTON, FL 32044**

**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 remitting)

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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CLARK, THOMAS
STREET ADDRESS 8272 SW CIR 18
CITY-ST-ZIP HAMPTON, FL 32044

TITLE VST
NAME GRIGSBY, SHAW JR.
STREET ADDRESS 8272 SW CIR 18
CITY-ST-ZIP HAMPTON, FL 32044

TITLE D
NAME GRIGSBY, SHAW JR.
STREET ADDRESS 8272 SW CIR 18
CITY-ST-ZIP HAMPTON, FL 32044

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CITY-ST-ZIP

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02/06/04-80049-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Thomas C. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-04 352-468-1851
Date Daytime Phone #