

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90062 002 ****61.25

DOCUMENT # N97000000354

1. Entity Name

THE ARK, INC.



Principal Place of Business

WEST BAYLOOP ROAD
P.O. BOX 638
FREEPORT FL 32439

Mailing Address

WEST BAYLOOP ROAD
P.O. BOX 638
FREEPORT FL 32439

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOON, T C
BAYLOOP ROAD
FREEPORT FL 32439

7. Name and Address of New Registered Agent

Name

Charles M. Carlton sr.

Street Address (P.O. Box Number is Not Acceptable)

Eastwood Ave

City

Youngstown

FL

Zip Code
32466

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

Charles M. Carlton sr.

Charles M. Carlton sr.
(President)

4/9/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME MOON, J.C. REV
STREET ADDRESS BAYLOOP RD., P.O. BOX 868
CITY-ST-ZIP FREEPORT FL 32439 ☒ Delete

TITLE D
NAME MOON, DAVID
STREET ADDRESS 1004 BLACK CREEK BLVD
CITY-ST-ZIP FREEPORT FL 32439 ☒ Delete

TITLE D
NAME PAGE, ANGIE
STREET ADDRESS BAYLOOP RD PO BOX 868
CITY-ST-ZIP FREEPORT FL 32439 ☒ Delete

TITLE D
NAME MOON, DARELL
STREET ADDRESS 117 BAYSIDE DR
CITY-ST-ZIP FREEPORT FL 32438 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President
NAME Charles M. Carlton sr.
STREET ADDRESS 8439 Eastwood Ave
CITY-ST-ZIP Youngstown, FL 32466 ☐ Change ☒ Addition

TITLE D
NAME Robert Reeves
STREET ADDRESS P.O. Box 582
CITY-ST-ZIP Freeport, FL 32439 ☐ Change ☒ Addition

TITLE D
NAME Steve Calhoun
STREET ADDRESS 1026 Black Creek Blvd.
CITY-ST-ZIP Freeport, FL 32439 ☐ Change ☒ Addition

TITLE D
NAME Sammy Casey
STREET ADDRESS P.O. Box 74
CITY-ST-ZIP Ebro, FL 32437 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 617, 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: Charles M. Carlton sr. Charles M. Carlton 4/9/04 (850)812 2320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #