

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90582 004 ***150.00

40007100



04012005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000010818 1. Entity Name CLARK ENTERPRISES OF S. PASADENA, INC.					
Principal Place of Business 7625 SUN ISLAND DR S S PASADENA, FL 33707			Mailing Address 7625 SUN ISLAND DR S S PASADENA, FL 33707		
2. Principal Place of Business 5232 3rd Ave S		3. Mailing Address 5232 3rd Ave S			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State St. Petersburg FL		City & State St. Petersburg FL		4. FEI Number 59-3621289	
Zip 33707		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, MICHAEL 7625 SUN ISLAND DR S S PASADENA, FL 33707			7. Name and Address of New Registered Agent Name CLARK, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 5232 3rd Ave S City St. Petersburg FL Zip Code 33707		
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 St. Clark Starling Clark 4/1/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, MICHAEL 7625 SUN ISLAND DR S S PASADENA, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CLARK, MICHAEL 5232 3rd Ave S St. Petersburg, FL 33707		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, STARLING 7625 SUN ISLAND DR S S PASADENA, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CLARK, STARLING 5232 3rd Ave S St. Petersburg FL 33707		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: St. Clark Starling M. Clark 4/1/05 727-367-8151 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					