


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000032538 1. Entity Name CLARK III ENTERPRISES INC.	
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Principal Place of Business BOX 2648 HOMOSASSA, FL 34447 US	Mailing Address BOX 2648 HOMOSASSA, FL 34447 US
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02132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3660463	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CLARK, THOMAS A JR 500 W. MAYO DR. CRYSTAL RIVER, FL 34429

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CLARK, THOMAS A JR. BOX 2648 HOMOSASSA, 33 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. REINHARDT, ELISSA S 8536 W. MAYO DR. CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIXON, CHARLES 500 W. MAYO DRIVE HOMOSASSA, FL 34468
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000645990 03/06/07-80012-010 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/07 *3556286168*

Date Daytime Phone #