

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000116893

1. Entity Name
CLARKE RESOURCES, INC.



Principal Place of Business
1160 NW CR 341
BELL, FL 32619

Mailing Address
476 COFFEE RIDGE ROAD
ERWIN, TN 37650



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3704940

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BEAUCHAMP, ROBERT
105 S.E. PARK AVE
CHIEFLAND, FL 32626

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000051725
02/16/04-80063-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLARKE, CHARLES O
STREET ADDRESS	1160 NW CR 341
CITY-ST-ZIP	BELL, FL 32619
TITLE	D
NAME	CLARKE, LORRAINE F
STREET ADDRESS	1160 NW CR 341
CITY-ST-ZIP	BELL, FL 32619
TITLE	P
NAME	CLARKE, DENNIS O
STREET ADDRESS	476 COFFEE RIDGE ROAD
CITY-ST-ZIP	ERWIN, TN 37650
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dennis Clarke DENNIS CLARKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-2004 423 743 4572

Date

Daytime Phone #