2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000000599

1. Entity Name
J.V. CLARK GENERAL CONTRACTORS, INC.

Principal Place of Business	Mailing Address
1721 PINETREE DRIVE EDGEWATER, FL 32132	1721 PINETREE DRIVE EDGEWATER, FL 32132

66409637

2. Principal Place of Business	3. Mailing Address
2811 S. Nova Rd	*2811 S. Nova Rd*
Suite, Apt. #, etc. *Unit 1*	Suite, Apt. #, etc. *Unit 1*
City & State *S. Daytona FL.*	City & State *S. Daytona*
Zip *32119* Country *USA*	Zip *32119* Country *USA*

03202004   Chg-P   CR2E034 (10/03)

4. FEI Number		
59-3690239		Applied For Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARK, JEFFREY J 1721 PINETREE DRIVE EDGEWATER, FL 32132	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL Zip Code

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

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CLARK, JEFFREY J	NAME		
STREET ADDRESS	1721 PINETREE DRIVE	STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER, FL 32132	CITY-ST-ZIP		
TITLE	P ☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CLARK, JEFFEREY J	NAME		
STREET ADDRESS	1721 PINETREE DR.	STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER, FL 32132	CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

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: _____   *3·31·2004*   *386 547 2954*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #