ANNUAL REPORT

DOCUMENT # P01000026160

1. Entity Name

CLARK PLUMBING INC.



FILED
May 03, 2004 08:00 AM
Secretary of State

\$8.75 Additional

Fee Required

Principal Place of Business

1064 SUWANEE ST SAFETY HARBOR, FL 34695

DO

Mailing Address

1064 SUWANEE ST

SAFETY HARBOR, FL 34695



NOT WRITE IN THIS CRACE	02102004	No Chg-P	CR2E034 (10/03)
NOT WRITE IN THIS SPACE	4. FEI Number 59-3591		Applied For Not Applicab

6. Name and Address of Current Registered Agent

BAKER, TEDDY 1322 ARBELIA ST. CLEARWATER, FL 33755

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

8. The above the obligati	named entity submits this statement for the poons of registered agent.	urpose of changing its registered off	lice or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	TEDDY E. BAL Signature, typed or printed name of registered agent and title	< CK Ledo s applicable. (NOTE: Registered Agen	(4 C. Bollus (Whature required when reinstating)	A 4-28-04 DATE		
	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLARK, GARY L 1064 SUWANEE ST SAFETY HARBOR, FL 34683			UNOOO0155041 US/05/04-80021-012 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKER, TEDDY 1322 ARBELIA ST. CLEARWATER, FL 33755					
TITLE NAME STREET ADORESS CITY ST ZIP			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			iN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS 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						

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 truetee 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 (ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

Deyferse Phone 8

727-742-2831