## 2006 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT Feb 09, 2006 08:00 AN DOCUMENT # P01000058023 **Secretary of State** 1. Entity Name STACY CLARK INC. Principal Place of Business Mailing Address 16125 BRECON PALMS PLACE 16125 BRECON PALMS PLACE TAMPA, FL 33647 TAMPA, FL 33647 01302006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3729221 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRADEMARK CAPITAL DO NOT WRITE 5328 TROUBLE CREEK ROAD ATTN: STEVE ATHANASSIE IN THIS SPACE NEW PORT RICHEY, FL 34652 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reliestating) U00000426224 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 $\Box$ 02/20/06-80036-005 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSD** TITLE CLARK, STACY NAME 16125 BRECON PALMS PLACE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33647 VPD TITLE CLARK, JONATHAN NAME STREET ADDRESS 18125 BRECON PALMS PLACE CITY-ST-ZIP **TAMPA, FL 33647** NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CATY-ST-ZIP NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME

12. I hereby certify that the information surindicated on this report or supplement of the corporation or the repeiver or the changed, or on an attachment with the corporation. with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information but 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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if ess, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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