

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 10, 2004 8:00 am**  
**Secretary of State**

08-10-2004 90003 033 \*\*\*150.00

**DOCUMENT # P01000077526**

1. Entity Name  
**CLARK'S MULTIPLE SERVICES, INC.**

Principal Place of Business  
**420 W MOWRY DR  
HOMESTEAD, FL 33030**

Mailing Address  
**420 W MOWRY DR  
HOMESTEAD, FL 33030**

**24079434**



07142004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1120229**

Applic  
Not App

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

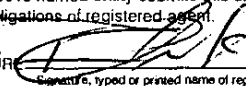
**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FRANCIS, LEON  
100 NE 15TH ST #204  
HOMESTEAD, FL 33030**

**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 I understand 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

**7/14/04**

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CLARK, PIERRE 420 W MOWRY DR HOMESTEAD, FL 33030</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PIERRE CLARK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**786-234-1436**

www.sunbiz.org

Attachment  
24079434  
Division of Corporations

## 2004 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P01000077526
Business Entity Name	CLARK'S MULTIPLE SERVICES, INC.
Original File Date	08/03/2001

FEI Number 65-1120229  
Principal Address 420 W MOWRY DR  
HOMESTEAD, FL 33030  
Mailing Address 420 W MOWRY DR  
HOMESTEAD, FL 33030  
Registered Agent LEON FRANCIS  
100 NE 15TH ST #204  
HOMESTEAD, FL 33030 US

## Officer/Director Name And Address

D  
PIERRE CLARK  
420 W MOWRY DR  
HOMESTEAD, FL 33030

☐ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes

Attachment  
24079434

420 W. Mowry Drive  
Homestead, FL 33030

July 14, 2004

Divisions of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

Dear Sir/Madam:

Re: Clark's Multiple Services, Inc.

Document Number: P01000077526

Enclosed is my check in the amount of \$150.00 for the above referenced entity.  
Please note that I did not receive the original notice.

I apologize for any inconvenience this may have caused.

Respectfully,

Pierre Clark

Enclosure