## 2007 FOR PROFIT CORPORATION ANNUAL REPORT\_(AR)

SIGNATURE:

## Feb 28, 2007 8:00 am Secretary of State DOCUMENT # P02000012987 1. Entity Name 02-28-2007 90017 027 \*\*\*150.00 CLARK ENVIRONMENTAL SERVICES, INC Principal Place of Business Mailing Address 225 BARON ROAD 225 BARON ROAD ORLANDO FL 32828 ORLANDO FL 32828 2. Principal Place of Business - No P.O. Box # 4390 CR 502 Suite, Apt. #, etc. Mailing Addross <u>4390 (</u> 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For 02-0546293 Not Applicable \$8.75 Additional 5. Cortificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARK, FRANK 225 BARON ROAD (P.O. Box Number is Not Acceptable) ORLANDO FL 32828 City 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. 2-21-07 SIGNATURE registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS IITLE ☐ Delete TILLE **™** Change ☐ Addition Clark, Frank CLARK, FRANK NAME 4390 C.R.502 225 BARON ROAD STREET ADDRESS STREET ADDRESS ORLANDO FL 32828 Wildwood, FL 34785 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delele TITLE Clark, Amy 4340, C.R.502 CLARK, AMY NAME NAME 225 BARON ROAD STREET ADDRESS STREET ADDRESS ORLANDO FL 32828 CITY-ST-ZIP Wildwood, FL 34785 CITY-ST-78P Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY ST 7th CITY-ST-ZIP-■ Addition ☐ Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST- /IP ☐ Change ☐ Addition ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-ZIP Addition IBLE ILLE Detete NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

FILED