2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State
03-24-2005 90045 025 ***150.00

DOCUMENT# P02000045631

1. EntityName
JCLARKENTERPRISESINC.

J00030410

PrincipalPlaceofBusiness	MailingAddress
7181COLEGEPKWY#8 FORTMYERS,FL33907	1489CHARMONTPLACE FORTMYERS,FL33919

02242005 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber 03-0431971 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

CLARK,JOYCE
1489CHARMONTPLACE
FORTMYERS,FL33919

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagent,andtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	PD
NAME	CLARK,JOYCE
STREETADDRESS	1489CHARMONTPLACE
CITY-ST-ZIP	FORTMYERS,FL33919
TITLE	VPD
NAME	CLARK,JAMESC
STREETADDRESS	1489CHARMONTPLACE
CITY-ST-ZIP	FORTMYERS,FL33919
TITLE	D
NAME	CLARK,JILLIAN
STREETADDRESS	1489CHARMONTPLACE
CITY-ST-ZIP	FORTMYERS,FL33919
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. Ihereby 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: _____ 3/3/05 239-850-5442
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#