2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-26-2004 90032 001 ***300.00
02-26-2004 90032 002 *****8.75
P02000046630

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

MOORE CR2E034 (11/03)

DOCUMENT # P02000046630

1. Entity Name
CLARK CONCRETE, INC

Principal Place of Business	Mailing Address
12325 FOX HOUND LANE ORLANDO FL 32826	12325 FOX HOUND LANE ORLANDO FL 32826

2. Principal Place of Business	3. Mailing Address
700 23 St	700 23 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Fla	City & State: Orlando Fla
Zip: 32805 Country: Orange	Zip: 32805 Country: Orange

4. FEI Number: 27-0010643 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, CECIAL
12325 FOX HOUND LANE
ORLANDO FL 32826

7. Name and Address of New Registered Agent

Name: Cecial Clark
Street Address (P.O. Box Number is Not Acceptable): 700 23 St
City: Orlando FL Zip Code: 32805

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: [signature] Cecial Clark 2-21-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CLARK, CECIAL		NAME	
STREET ADDRESS	12325 FOX HOUND LANE		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32826		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	N 3/2
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 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: [signature] 2-21-04 407-595-9021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 06403301
P02000046630

To whom it may Concern

I'm writing you in regards of my business license. I had an address Change I didn't receive my Annual Report and from my understanding my license have been inactivate for not updating the yearly information my Correct Address

7002 23 st
orlando Fla
32805

Thank you

with $300.00 / $8.75