## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 29, 2007 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P03000030518 CLARK CRYSTAL RIVER AUTO REPAIR, INC. Principal Place of Business Mailing Address 10 DELLA CT. 10 DELLA CT. **BEVERLY HILLS, FL 34465** BEVERLY HILLS, FL 34465 01172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3444526 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLARK, JOHN E DO NOT WRITE 10 DELLA CT. BEVERLY HILLS, FL 34465 IN THIS SPACE 2. 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, typed or printed name of registered agent and title if applicable. DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSD** TITLE CLARK, JOHN E NAME 10 DELLA CT. STREET ADDRESS U000000608434 CITY-SY-71P BEVERLY HILLS, FL 34465 02/01/07-80010-012 150.00 CLARK, LILLIAN STREET ADDRESS 10 DELLA CT. BEVERLY HILLS, FL 34465 CITY-ST-7IP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NATIFICAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

JOHN ECIARX/1-25-67 447-090)

**FILED**