1000

2004 FOR PROFIT CORPORATION ANNUAL REPORT.

| DOCUMENT # P03000056332 | | | | J FILED |
|--|---|--|--|---|
| 1. Entity Nam C & C CL | e ARK, INC. | s. | | 04 OCT 15 AM 9 34 |
| Principal Place 9220 SW 3RI BOCA RATON | D ST | Mailing Address 9220 SW 3RD ST BOCA RATON, FL 3 | 3428 | SECRETARY OF STATE TALLAHASSEF, FLORIÐA |
| . Principal P | lace of Business | 3. Mailing Address | as above | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | Suite, Apt. #, etc. | us anovo | 09232004 Chg-P CR2E034 (10/03) |
| City & State | e . | City & State | | 4. FEI Number Applied For Not Applied For |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| NAPK CI | 6. Name and Address of Curre | nt Registered Agent | Name | 7-Name and Address of New Registered Agent |
| 220 SW 3 | | 1 . 11 | Street Address | s (P.O. Box Number is Not Acceptable) |
| | NIA | 1. Jul | City | FL Zip Code |
| . The above the obligati | | for the purpose of changing | its registered office or regist | stered agent, or both, in the State of Florida. I am familiar with, and accep |
| IGNATURE_ | Squature: typëd or privled name ur cos | ble. (i | NOTE: Registered Agent signature requi | risd when remstalling) DATE |
| | LE NOW!!! FEE IS \$550.00 ue by September 8, 2004 | 9. Election Cam Trust Fund C | | 55.00 May Be added to Fees |
| 0. | | ND DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TLE AM L Treet address Hy-ST-ZIP | P CLARK, CHARLES T 9220 SW 3RD ST BOCA RATON, FL 33428 | . Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | □ Change □ Addition 100041564011 10/04/0401027007 ***150.00 |
| ITLE IAME ITREET ADDRESS | VP CLARK, CHERYL A 9220 SW 3RD ST | Delete | TITLE NAME STREET ADDRESS | ☐ Change ☐ Addition |
| TLE | BOCA RATON, FL 33428 | Delete | CITY-ST-ZIP TITLE | Change Addition |
| ame Treet address Ity-st-zip | | | STREET ADDRESS - CITY-ST-ZIP | |
| ITLE | | Delete | NAME STREET ADDRESS CITY-SI-ZIP | Addition Change. Addition |
| ITLE : IAME TREET ADDRESS ITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition |
| TLE AME TREET ADDRESS ITY-ST-ZIP | | ☐ Dolete | TITLE NAME STREET ADDRESS C11Y-S1-ZIP | ☐ Change ☐ Addition |
| I2. I hereby of indicated of the cor changed | or on an attachment with an addies | with this filing does not qualifit is true and accurate and the powered to execute this regist, with all otherwise empowers and the control of the control o | red. | Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 i |

20423 State Road 7 F-6PBMB 290 Boca Ration, FL 33498 561-483-6888 Tele. 561-483-0054 Fax



SKS and Associates

To: Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Annual Report Notices

To Whom It May Concern:

Enclosed, please find a UBR for C & C Clark, Inc. and we have enclosed a check in the amount of \$150. In reviewing the information on the internet, it was revealed to us that we were supposed to receive a postcard notifying the above named, of the filing requirements by May 1.

Please note that the above named taxpayer did not receive said notification. Therefore, we are filing this protest and have enclosed, what would have been, the proper fee. Thanking you in advance.

Respectfully Submitted:

Sle : 1350c

SKS and Associates