

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000084032		
1. Entity Name H. STEVE CLARK ARCHITECT, INC.		
Principal Place of Business 2397 SE DELANO RD PORT ST LUCIE, FL 34952		Mailing Address 2397 SE DELANO RD PORT ST LUCIE, FL 34952
DO NOT WRITE IN THIS SPACE		
		01082005 No Chg-P CR2E034 (10/03)
4. FEI Number 56-2381984		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
CLARK, H. STEVE 2397 SE DELANO RD PORT ST LUCIE, FL 34952		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when renouncing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, H. STEVE 2397 SE DELANO RD PORT ST LUCIE, FL 34952	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, LINDSAY D 2397 SE DELANO RD PORT ST LUCIE, FL 34952	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CLARK, H. STEVE 2397 SE DELANO RD. PORT SAINT LUCIE, FL 34952	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CLARK, LINDSAY D 2397 SE DELANO RD. PORT SAINT LUCIE, FL 34952	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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)(f), 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: <i>H. STEVE CLARK</i>		<i>1/21/05</i> 772-837-2301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day-Mc Phone #