

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 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**



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number

56-2381984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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

H. Steve Clark

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

4/26/2007

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME CLARK, H. STEVE
STREET ADDRESS 2397 SE DELANO RD
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE D
NAME CLARK, LINDSAY D
STREET ADDRESS 2397 SE DELANO RD
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE PST
NAME CLARK, H. STEVE
STREET ADDRESS 2397 SE DELANO RD.
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE VP
NAME CLARK, LINDSAY D
STREET ADDRESS 2397 SE DELANO RD.
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/24/07-80022-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

H. Steve Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/07 (112) 337-2301