

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000095102

1. Entity Name
CLARK HOME IMPROVEMENTS, INC.



Principal Place of Business
3080 CHAT HOLLY RD
SANTA ROSA BEACH, FL 32459

Mailing Address
3080 CHAT HOLLY RD
SANTA ROSA BEACH, FL 32459

2. Principal Place of Business - No P.O. Box #
70 S. 4th St.

3. Mailing Address
70 S. 4th street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

City & State

Santa Rosa Beach, FL

Zip

32459

Country

USA

Zip

32459

Country

USA

6. Name and Address of Current Registered Agent

CLARK, ROBERT
3080 CHAT HOLLY RD
SANTA ROSA BEACH, FL 32459

4. FEI Number

61-1455458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name Robert Clark

Street Address (P.O. Box Number is Not Acceptable)

70 S. 4th street

City Santa Rosa Beach

FL

Zip Code 32459

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

Robert A. Clark

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/7/08

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME P
CLARK, ROBERT A ☐ Delete
STREET ADDRESS 70 W MITCHELL AVE
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE NAME V
CLARK, ROBERT A III ☒ Delete
STREET ADDRESS 3080 CHAT HOLLY RD
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Director ☐ Change ☒ Addition
Christopher J. Clarke
STREET ADDRESS 70 S. 4th street
CITY-ST-ZIP Santa Rosa Beach, FL 32459

TITLE NAME Vice President ☐ Change ☒ Addition
Jay W. Williams
STREET ADDRESS 99 Johnson lane
CITY-ST-ZIP Freeport, FL 32439

TITLE NAME ☐ Change ☐ Addition
300132922943
STREET ADDRESS 07/15/08--01006--016 **150.00
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

Robert A. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/08

Date

(856)
899-0971

Daytime Phone #

FILED

08 JUL -7 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07072008

Chg-P

CR2E034 (12/06)