2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000030060

Entity Name: CLARK'S COMPLETE LAND SERVICE, INC.

FILED Mar 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

926 SE WATER POND TRAIL 521 NW DOMINGO RD LEE, FL 32059 MAYO, FL 32066

Current Mailing Address: New Mailing Address:

926 SE WATER POND TRAIL 251 NW DOMINGO RD. LEE, FL 32059 MAYO, FL 32066

FEI Number: 51-0497934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLARK, ROBERT A
926 SE WATER POND TRAIL
LEE, FL 32059 US

CLARK, ROBERT A
251 NW DOMINGO RD
MAYO, FL 32066 US

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.

SIGNATURE: ROBERT A. CLARK 03/18/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: CLARK, ROBERT A
Address: 926 SE WATER POND TRAIL
Address: 251 NW DOMINGO RD

 City-St-Zip:
 LEE, FL 32059
 City-St-Zip:
 MAYO, FL 32066

Title: STD () Delete Title: STD (X) Change () Addition Name: CLARK, KIMBERLY D Name: CLARK, KIMBERLY D

Address: 926 SE WATER POND TRAIL Address: 251 NW DOMINGO RD.
City-St-Zip: LEE, FL 32059 City-St-Zip: MAYO, FL 32066

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 CLARK, ROBERT M
 Name:
 CLARK, ROBERT M

 Address:
 926 SE WATER POND TRAIL
 Address:
 251 NW DOMINGO RD

 City-St-Zip:
 LEE, FL 32059
 City-St-Zip:
 MAYO, FL 32066

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 CLARK, MICHÁEL W
 Name:
 CLARK, MICHÁEL W

 Address:
 926 SE WATER POND TRAIL
 Address:
 251 NW DOMINGO RD.

 City-St-Zip:
 LEE, FL 32059
 City-St-Zip:
 MAYO, FL 32066

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY DALE CLARK STD 03/18/2006