


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000056291	
1. Entity Name THE CLARK GROUP, INC.	


Principal Place of Business 1460 BAYTREE DRIVE NE PALM BAY, FL 32905	Mailing Address 1460 BAYTREE DRIVE NE PALM BAY, FL 32905
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DO NOT WRITE IN THIS SPACE

FILED

06 APR 27 AM 11:36

CLARK GROUP, INC.  
PALM BAY, FL 32905



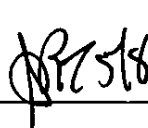
04252006 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	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, BRIAN D 1460 BAYTREE DRIVE NE PALM BAY, FL 32905	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 reinstating) DATE \_\_\_\_\_

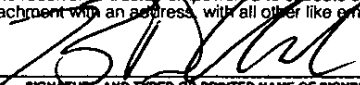
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, BRIAN D 1460 BAYTREE DRIVE NE PALM BAY, FL 32905
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05/09/06--01015--027 \*\*300.00

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:  BRIAN D. CLARK PRES 4-24-06 723-4400 (321)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #