

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 08, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000145381

1. Entity Name

ARGON AUTO FORENSICS, INC.



Principal Place of Business

1331 GREEN FOREST COURT SUITE 24
WINTER GARDEN, FL 34787

Mailing Address

1331 GREEN FOREST COURT SUITE 24
WINTER GARDEN, FL 34787



02062006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1769159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, E. LEE II
1331 GREEN FOREST COURT SUITE 24
WINTER GARDEN, FL 34787

**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 _____

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

(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. ☐

\$5.00 May Be
Added to Fees

U000000425452
02/18/06-80097-023 150.00

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

CLARK, E. LEE II

STREET ADDRESS

1331 GREEN FOREST COURT SUITE 24

CITY - ST - ZIP

WINTER GARDEN, FL 34787

TITLE

D

NAME

CLARK, ROYCE B

STREET ADDRESS

1331 GREEN FOREST COURT SUITE 24

CITY - ST - ZIP

WINTER GARDEN, FL 34787

TITLE

D

NAME

CLARK, ERNEST L

STREET ADDRESS

PO BOX 6965

CITY - ST - ZIP

DOTHAN, AL 36302

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if