Po4000149716

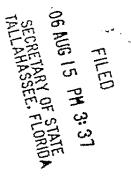
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

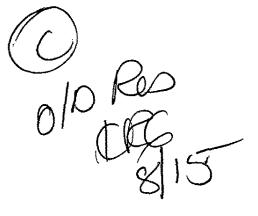
Office Use Only



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08/15/06--01007--015 **35.00





COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: HOSKin & Clarke Enterprises in a (Name of Corporation)
DOCUMENT NUMBER: <u>P04000149716</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Picase return all correspondence concerning this matter to the following:
Brendo Cr. Hoskin (Name of Person)
Hos Kin i Clarke Enterprises inc (Name of Firm/Company)
1090 NE. Industrial Blud (Address)
Jensen Beach FL 34957 (City/State and Zip Code)
For further information concerning this matter, please call:
Brenda G. Hos Kin at (772) 287. 4480 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Brenda G. Hoskin, hereby resign as TREASURE R. (Title)	· ·
of Hoskin i Clark Enterprises inc. (Name of Corporation)	 ,
Po 4000 149 716 a corporation organized under the laws of the State (Document Number, if known)	OS AU
	TARY OF EL
(Signature of resigning officer/director)	36 ORIGA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314