

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P04000160114

1. Entity Name

PATTY CLARK, INC.



**FILED  
Apr 20, 2005 8:00 am  
Secretary of State**

04-20-2005 90318 010 \*\*\*150.00



1st MOORE CR2E034 (10/04)

Principal Place of Business		Mailing Address	
6030 150TH AVENUE NORTH LOT 97 CLEARWATER FL 33760 US		6030 150TH AVENUE NORTH LOT 97 CLEARWATER FL 33760 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLARK, PATRICIA A 6030 150TH AVENUE NORTH LOT 97 CLEARWATER FL 33760		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> Zip Code	

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>P CLARK, PATRICIA A 6030 150TH AVENUE NORTH LOT 97 CLEARWATER FL 33760</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Patty Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05 7275754448

Date Daytime Phone #