


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000014758
1. Entity Name
CLARK HOME INSPECTIONS, INC.



Principal Place of Business
**13505 RUDI LOOP
SPRING HILL, FL 34609**

Mailing Address
**13505 RUDI LOOP
SPRING HILL, FL 34609**

DO NOT WRITE IN THIS SPACE



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2187401	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, MARK R
13505 RUDI LOOP
SPRING HILL, FL 34609**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, MARK R 13505 RUDI LOOP SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLARK, LISA M 13505 RUDI LOOP SPRING HILL, FL 34609
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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07/05/07-80005-016 150.00

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:  **7/2/07 352 686-3324**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #