

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000021878

1. Entity Name
SHOMO & CLARK INVESTMENTS, INC.



Principal Place of Business
**1915 E. TERRA MAR DRIVE
LAUDERDALE BY THE SEA, FL 33062 US**

Mailing Address
**1915 E. TERRA MAR DRIVE
LAUDERDALE BY THE SEA, FL 33062 US**



02102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2323213

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CLARK, CHARLES T
1915 E. TERRA MAR DRIVE
LAUDERDALE BY THE SEA, FL 33062**

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLARK, CHARLES T
STREET ADDRESS	1915 E. TERRA MAR DRIVE
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062
TITLE	D
NAME	CLARK, BARBARA B
STREET ADDRESS	1915 E. TERRA MAR DRIVE
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062
TITLE	D
NAME	SHOMO, WILLIS D
STREET ADDRESS	1600 E. TERRA MAR DRIVE
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062
TITLE	D
NAME	SHOMO, JANET
STREET ADDRESS	1600 E. TERRA MAR DRIVE
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/08-80046-025 150.00

**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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles T. Clark 2/10/2008 954-783-9621