
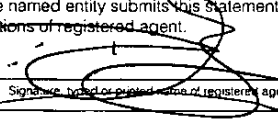



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90017 008 \*\*\*150.00

<b>DOCUMENT # P07000018469</b> 1. Entity Name <b>WILLCLARK COMPANY</b>					
Principal Place of Business <b>557 WILLIAM PENN ST</b> <b>ORANGE PARK, FL 32073 US</b>			Mailing Address <b>557 WILLIAM PENN ST</b> <b>ORANGE PARK, FL 32073 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number <b>20-8424521</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				02262008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>BELCHER, CLARK</b> <b>557 WILLIAM PENN ST</b> <b>ORANGE PARK, FL 32073</b>			7. Name and Address of New Registered Agent Name <b>DARRYL Belcher</b> Street Address (P.O. Box Number is Not Acceptable) <b>557 WILLIAM PENN ST</b> City <b>ORANGE PARK</b> FL Zip Code <b>32073</b>		
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 <b>2/26/08</b> <small>Signature typed or printed name of registered agent and one if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SABOURIN, WILLIAM L 529 CLINTON DRIVE ORANGE PARK, FL 32073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, President BELCHER, DARRYL W 557 WILLIAM PENN ST ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 another like empowered.					
SIGNATURE:  DATE <b>2/26/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					