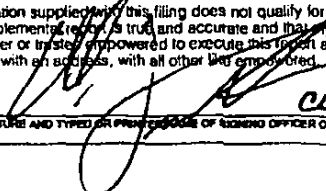


FILED
Mar 11, 2008 8:00 am
Secretary of State

02-18-2008 90020 018 ***150.00

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**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000045144					
1. Entity Name CLARK & CLARK HOLDINGS, INC.					
Principal Place of Business 565 SILVER ROAD OCALA, FL 34472			Mailing Address 565 SILVER ROAD OCALA, FL 34472		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-8898158	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, RICHARD C 565 SILVER ROAD OCALA, FL 34472				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete			
NAME	SMITH, RICHARD C				
STREET ADDRESS	565 SILVER ROAD				
CITY-ST-ZIP	OCALA, FL 34472				
TITLE	T	☐ Delete			
NAME	SMITH, RICHARD C				
STREET ADDRESS	565 SILVER ROAD				
CITY-ST-ZIP	OCALA, FL 34472				
TITLE	VP	☐ Delete			
NAME	SMITH, CLARK H				
STREET ADDRESS	565 SILVER ROAD				
CITY-ST-ZIP	OCALA, FL 34472				
TITLE	S	☐ Delete			
NAME	SMITH, CLARK H				
STREET ADDRESS	565 SILVER ROAD				
CITY-ST-ZIP	OCALA, FL 34472				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied in 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 supplementing 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 listed employees.					
SIGNATURE:  CLARK H. SMITH 2/15/2008 352-687-2828					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					