## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000016092

Entity Name: MIKE CLARK SERVICES, INC.

## FILED Apr 20, 2009 Secretary of State

Current Prince	cipai Piace	of Business:	New Principal Place of Business:			
675 TOBIAS ST. SE PALM BAY, FL 32909 US		132 ATLAS LN. 132 SATTELITE BEACH, FL 32937 US				
Current Maili	ing Addres	s:	New Mailing Address:			
675 TOBIAS ST. SE PALM BAY, FL 32909		US	132 ATLAS LN. 132 SATTELITE BEACH, FL 32937		US	
FEI Number: 26-2080886		FEI Number Applied For ( ) FEI Nur	nber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Ad	ldress of C	urrent Registered Agent:	Name and Address of New Registered Agent:			
CLARK, MICHAEL 675 TOBIAS ST. SE PALM BAY, FL 32909 US		CLARK, MICHAEL 132 ATLAS LN. SATTELITE BEACH, FL 32937 US				
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.						
SIGNATURE: MICHAEL CLARK			04/20/2009			
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Address: 67	() LARK, MICHAI 75 TOBIAS ST ALM BAY, FL	. SE	Title: Name: Address: City-St-Zip:	P (X) Change CLARK, MICHAEL 132 ATLAS LN. SATTELITE BEACH, FL	( ) Addition 32937	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	P ( ) Change CLARK, MICHAEL 132 ATLAS LN. SATELLITE BEACH, FL	(X) Addition 32937	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	P ( ) Change CLARK, MICHAEL 132 ATLAS LN. SATELLITE BEACH, FL	(X) Addition 32937	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	P ( ) Change CLARK, MICHAEL 132 ATLAS LN. SATELLITE BEACH, FL	(X) Addition 32937	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	P () Change CLARK, MICHAEL 132 ATLAS LN. SATELLITE BEACH, FL	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL CLARK P 04/20/2009

() Delete

Title:

Name:

Address:

City-St-Zip:

( ) Change (X) Addition

CLARK, MICHAEL

SATELLITE BEACH, FL 32937

132 ATLAS LN.