

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000049793

Entity Name: CLARK PIZZA INC.

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1862 AVIGNON TERRACE  
THE VILLAGES, FL 32162

## **New Principal Place of Business:**

580 N HWY 27 & 441  
VILLAGE CROSSROAD PLAZA  
LADY LAKE, FL 32159

## **Current Mailing Address:**

1862 AVIGNON TERRACE  
THE VILLAGES, FL 32162

## **New Mailing Address:**

FEI Number: 27-2851450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

CLARK, LESLIE E  
1862 AVIGNON TERRACE  
THE VILLAGES, FL 32162 US

## **Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: P,VP  
Name: CLARK, LESLIE E  
Address: 1862 AVIGNON TERRACE  
City-St-Zip: THE VILLAGES, FL 32162

Title: SEC  
Name: CLARK, CAROLE R  
Address: 1862 AVIGNON TERRACE  
City-St-Zip: THE VILLAGES, FL 32162

I hereby 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 all other like empowered.

SIGNATURE: LES CLARK

P,VP

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date