

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P23684 1. Entity Name CLARK MANAGEMENT COMPANY, INCORPORATED	
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Principal Place of Business P O BOX 3090 BOYNTON BCH, FL 33424	Mailing Address P O BOX 3090 BOYNTON BCH, FL 33424
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02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2766088	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZINK, GREGORY L 54 RIVER DRIVE OCEAN RIDGE, FL 33435	DO NOT WRITE IN THIS SPACE
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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.

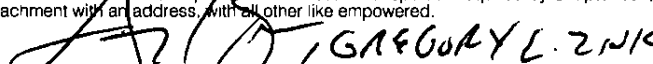
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$850.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000868888 04/09/08-80020-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CLARK, ALFRED C. PO BOX 1146 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MV ZINK, GREGORY L. 54 RIVER DRIVE OCEAN RIDGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ZINK, CARMEN 54 RIVER DRIVE OCEAN RIDGE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 all other like empowered.

SIGNATURE:  **3/14/08 561-357-5550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #