

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90091 019 ***150.00

DOCUMENT # **P92000008655**

1. Entity Name

CLARK POOLS & SPAS INC.



Principal Place of Business
1041 S SHERROUSE RD
LAKELAND FL 33810
US

Mailing Address
1041 S SHERROUSE RD
LAKELAND FL 33810
US



2. Principal Place of Business - No P.O. Box #
10415 Sherrouse Rd
Suite, Apt. #, etc.

3. Mailing Address
10415 Sherrouse Rd
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State
Lakeland, FL

City & State
Lakeland FL

4. FEI Number **59-3152048**

Applied For
Not Applicable

Zip
33810

Country
U.S.A.

Zip
33810

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CLARK, CHARLES D III
5111 EAGLES NEST DR
LAKELAND FL 33810

7. Name and Address of New Registered Agent

Name **Charles D Clark III**

Street Address (P.O. Box Number is Not Acceptable)
10415 Sherrouse Rd

City **Lakeland**

FL

Zip Code
33810

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 **Charles D. Clark III**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

2/28/07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
CLARK, CHARLES D III
5111 EAGLES NEST DR
LAKELAND FL 33810 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
CLARK, SONIA M
5111 EAGLES NEST DR
LAKELAND FL 33810 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
Clark, Charles D III
10415 Sherrouse Rd
Lakeland FL 33810 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
Clark, Sonia M
10415 Sherrouse Rd
Lakeland FL 33810 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Charles D. Clark III** **Charles D. Clark III** **2/28/07** **863 512 2947**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #