


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90006 013 ***150.00

| | |
|--|---|
| DOCUMENT # P94000048545 |  |
| 1. Entity Name D.A. CLARK & ASSOCIATES, INC. | |

| | |
|---|---|
| Principal Place of Business 1834 WHARF RD SARASOTA, FL 34231 US | Mailing Address 1834 WHARF RD SARASOTA, FL 34231 US |
|---|---|

54071328


| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |



08192004 Chg-P CR2E034 (10/03)

| | |
|--|--------------------------------|
| 4. FEI Number 65-0503511 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent CLARK, DEBRA A 1834 WHARF RD SARASOTA, FL 34231 | |
| 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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|---|--|
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT CLARK, DEBRA A 1834 WHARF RD SARASOTA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MARADIAGA, ENRIQUE 1225 ROBINSON ST JACKSON, MS <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Debra A. Clark, DEBRA A. CLARK 9/2/04 941-91661146

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

D. A. C L A R K

& A S S O C I A T E S I N C

Attachment
54071328
Dr. # 1940000485-45-

Advertising

Marketing

Public Relations

Special Events

August 27, 2004

Division of Corporations
Post office Box 1500
Tallahassee, FL 32302-1500

To Whom it May Concern:

Attached please find a check for \$150.00 and the corporate annual report. Each year I receive (in plenty of time) a big envelope with the paperwork to file. This year, I recieved nothing and then found out there wasn't a packet sent out until I received a small post card of "Notice of intent to dissolve"which I don't want to do.

Please accept this letter for eligibility for the \$400.00 waiver late fee.

Thank you very much.

Sincerely,



Debra Clark
President