2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 20, 2006 08:00 AM **DOCUMENT # P95000022008** Secretary of State CLARK'S MOVING & STORAGE, INC. Principal Place of Business Mailing Address 4560 NORTHGATE CT 4560 NORTHGATE CT US SARASOTA, FL 34234 SARASOTA, FL 34234 No Chg-P CR2E034 (11/05) 01112006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0567790 \$8.75 Additional Fee Required 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent ALAN W CLARK DO NOT WRITE 4804 CORAL BLVD BRADENTON, FL 34210 IN THIS SPACE 5. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registering apert and title if applicable. DATE FIXTIE: Registered Agent signature required when constating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CLARK, ALAN W NAME 4804 CORAL BLVD STREET ADDRESS BRADENTON, FL 34210 CITY-ST-ZIP TITLE 000000472659 03/30/06-80003-007 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-27P 77T) F NAME STREET ACCRESS

12. I hereby certify that the information supplied with this filing does not quality 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/06 941355.671

FILED