

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000091908

1. Entity Name
CLARK TRAILER SERVICE, INC.



Principal Place of Business
4919 PRINCE EDWARD ROAD
JACKSONVILLE, FL 32210

Mailing Address
4919 PRINCE EDWARD ROAD
JACKSONVILLE, FL 32210



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3363216

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOLF, WAYNE A
3733 UNIVERSITY BLVD., W.
SUITE 203
JACKSONVILLE, FL 32217

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CLARK, JOE B JR.
STREET ADDRESS 4919 PRINCE EDWARD ROAD
CITY - ST - ZIP JACKSONVILLE, FL 32210

TITLE ST
NAME MARTHA, CLARK W
STREET ADDRESS 4919 PRINCE EDWARD ROAD
CITY - ST - ZIP JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000948438
06/02/08-80053-020 150.00

**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: _____

Joe B. Clark, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOE B CLARK, JR.

4-30-08

904-333-5772

Date

Daytime Phone #