

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000099531

1. Entity Name
CLARC SERVICES, INC.



FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90046 040 ***150.00

Principal Place of Business

5919 BENEVA RD
SARASOTA, FL 34238

Mailing Address

5919 BENEVA RD
SARASOTA, FL 34238

2. Principal Place of Business

2547 BALTIC AVE

3. Mailing Address

3500 TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE, FL

Zip

33952 USA

Country

Zip

33952 USA

Country

02182004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0727489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FROESCHLE, PAUL
3500 TAMiami TRAIL
PORT CHARLOTTE, FL 33952

Paul Froeschle

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

PAUL FROESCHLE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete
NAME RUHE, JOY A
STREET ADDRESS 2548 BALTIC AVE
CITY-ST-ZIP PORT CHARLOTTE, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04 941-743-0108

Date

Daytime Phone #