2008 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** Feb 21, 2008 08:00 All Secretary of State **DOCUMENT # P98000008078** 1. Entity Name CLARK PROPERTIES OF PENSACOLA, INC. Principal Place of Business Mailing Address 3131 NAVY BLVD. 3131 NAVY BLVD. PENSACOLA, FL 32505 PENSACOLA, FL 32505 02062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3495999 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CLARK, RICHARD J 3131 NAVY BLVD. PENSACOLA, FL 32505 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **DPST** TITLE CLARK, RICHARD J NAME 3131 NAVY BLVD. STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32505 TITLE U00000833999 NAME 02/28/03-80035-003 150.00 STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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,

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR