


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P99000003208</b>					
<b>1. Entity Name</b> CLARK AND COMPANY, THE ULTIMATE SALON					
<b>Principal Place of Business</b> 2415 N MONROE ST #1104 TALLAHASSEE, FL 32308 US			<b>Mailing Address</b> P.O. BOX 13744 TALLAHASSEE, FL 32317-3744 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04302007    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> 59-3553878				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CLARK, JAMES R 4502 BRADFORDVILLE RD. TALLAHASSEE, FL 32308			Name: <u>James R. Clark</u> Street Address (P.O. Box Number is Not Acceptable): <u>5150 Quail Valley Rd.</u> City: <u>Tallahassee</u> FL    Zip Code: <u>32309</u>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, JAMES R <del>4502 BRADFORDVILLE RD.</del> TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>5150 Quail Valley Rd.</u> <u>Tallahassee, FL 32309</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, DEBORAH <del>4502 BRADFORDVILLE RD.</del> TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>5150 Quail Valley Rd.</u> <u>Tallahassee, FL 32309</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LILLIE, HEATHER C 4502 BRADFORDVILLE RD TALLAHASSEE, FL 32308	<input checked="" 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	T CLARK, JASON 4502 BRADFORDVILLE RD TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600101583056</b> <b>05/04/07--01017--022    **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>M511</u>	<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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>James R. Clark</u>			Date: <u>4/30/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		