


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91058 035 ***150.00

DOCUMENT # P99000046600 1. Entity Name CLARK'S CONSTRUCTION SPECIALISTS, INC.					
Principal Place of Business 4203 S MEREDITH DRIVE VALRICO, FL 33594			Mailing Address P. O. BOX 2265 VALRICO, FL 33595		
2. Principal Place of Business 4122 Copper Canyon Blvd		3. Mailing Address Suite, Apt. #, etc.			
City & State Valrico FL		City & State Suite, Apt. #, etc.		4. FEI Number 59-3574772	
Zip 33594		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, KAREN 4203 S MEREDITH DRIVE VALRICO, FL 33594			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4122 Copper Canyon Blvd City Valrico FL Zip Code 33594		
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 <u>Karen C Clark</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-30-04</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, THOMAS 4203 S MEREDITH DRIVE VALRICO, FL 33594	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLARK, KAREN 4203 S MEREDITH DRIVE VALRICO, FL 33594	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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: <u>Karen C Clark</u> DATE <u>4-30-04</u> 8136533271		