

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # S35027

1. Entity Name
CLARK/NIKDEL, INC.



Principal Place of Business
62 4TH STREET NW
WINTER HAVEN, FL 33881 US

Mailing Address
62 4TH STREET NW
WINTER HAVEN, FL 33881 US



DO NOT WRITE IN THIS SPACE

02132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3050208 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

NIKDEL, CHRISTINE E.
1641 AVENUE L, NW
WINTER HAVEN, FL 33881

**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

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

(NOTE: Registered Agent signature required when rehashing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 NIKDEL, CHRISTINE E.
STREET ADDRESS 1641 AVENUE L NW
CITY-ST-ZIP WINTER HAVEN, FL

TITLE VP
NAME POWELL, ANNE
STREET ADDRESS 5012 IRONWOOD TRAIL
CITY-ST-ZIP BARTOW, FL 33830

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

**DO NOT WRITE
IN THIS SPACE**

U00000234068
02/18/05-80006-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Christine E. Nikdel* CHRISTINE E. NIKDEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05
Date

(863) 299-9980
Daytime Phone #