


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90314 006 ***150.00

DOCUMENT # S63552	
1. Entity Name JEFFERSON W. CLARK, JR., P.A.	

Principal Place of Business 500 CANAL STREET NEW SMYRNA BEACH, FL 32168	Mailing Address 500 CANAL STREET NEW SMYRNA BEACH, FL 32168
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00037143



2. Principal Place of Business 460 Bouchelle Drive # 302 New Smyrna Beach 32169 USA	3. Mailing Address 460 Bouchelle Drive # 302 New Smyrna Beach, FL 32169 USA
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04142005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent CLARK, JEFFERSON W., JR. 500 CANAL STREET NEW SMYRNA BEACH, FL 32168	
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7. Name and Address of New Registered Agent JEFFERSON W. CLARK, JR. 460 Bouchelle Drive # 302 New Smyrna Beach FL 32169	
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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><i>Jefferson W. Clark Jr.</i></u> DATE: <u>4/14/05</u> <small>Signature, in ink, of individual name of registered agent and file it applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, JEFFERSON W JR. 500 CANAL STREET NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clark, Jefferson W. Jr. 460 Bouchelle Drive # 302 New Smyrna Beach FL 32169 <input checked="" 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
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
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
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
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

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><i>Jefferson W. Clark Jr.</i></u> DATE: <u>4/14/05</u> DAYTIME PHONE: <u>386-423-7416</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
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