

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

2. Principal Place of Business: 460 Bouchelle Drive, Suite # 302, New Smyrna Beach, FL 32169
 3. Mailing Address: 460 Bouchelle Drive, Suite # 302, New Smyrna Beach, FL 32169

City & State: New Smyrna Beach, FL
 Zip: 32169, Country: USA

04142005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3085401
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 CLARK, JEFFERSON W., JR.
 500 CANAL STREET
 NEW SMYRNA BEACH, FL 32168

7. Name and Address of New Registered Agent
 Name: Jefferson W. Clark, Jr.
 Street Address: 460 Bouchelle Drive # 302
 City: New Smyrna Beach, FL
 Zip Code: 32169

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: *Jefferson W. Clark Jr.* DATE: 4/14/05

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	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, JEFFERSON W JR.	
STREET ADDRESS	500 CANAL STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clark, Jefferson W. Jr.	
STREET ADDRESS	460 Bouchelle Drive # 302	
CITY-ST-ZIP	New Smyrna Beach FL 32169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jefferson W. Clark Jr.* DATE: 4/14/05 DAYTIME PHONE #: 386-423-7416