## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

## Apr 13, 2005 8:00 am Secretary of State DOCUMENT # \$72989 1. Entity Name 04-13-2005 90031 038 \*\*\*150.00 ANN CLARK REALTY CORPORATION Principal Place of Business Mailing Address **20001000** 9951 ATLANTIC BLVD 9951 ATLANTIC BLVD STF 222 JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 2. Principal Place of Business 11701 Seaview 3. Mailing Address 11701 Seaview Dr Suite, Apt. \*, etc. CR2E034 (10/04) 1st MOORE State Jacksonville City & State 4. FEI Number Applied For 59-3078052 Not Applicable \$8.75 Additional 5. Certificate of Status Desired )uva 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLARK, ANN L. 9951 ATLANTIC BLVD., STE 222 JACKSONVILLE FL 32225 ackson VIII 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 4-8-05 DATE Signature, typed or printed name of upgistands agent and little if ap FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CLARK ANN L. Change 11701 SEAVIEW DRIVE Jackson VIlle, FL 32225 TITLE ☐ Detete TITLE NAME CLARK, ANN L. NAME 9951 ATLANTIC BLVD, STE. 222 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete Addition NAME HEBERT, ROBIN E. NAME STREET ADDRESS 8995 S.W. IOWA DRIVE STREET ADDRESS CITY-ST-ZIP **TUALATIN OR 97062** CITY-ST-7P ☐ Delete DILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ČITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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? \*\*CLONATION\*\* \*\*CLONATI

OFFICER OR DIRECTOR

**FILED**