## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **Secretary of State** DOCUMENT # S72989 03-23-2006 90003 003 \*\*\*150.00 1. Entity Name ANN CLARK REALTY CORPORATION Principal Place of Business Mailing Address Comment of the Commen 11701 SEAVIEW DR 11701 SEAVIEW DR JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 2. Principal Place of Business 3. Mailing Address 11701 Seaview Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 59-3078052 Jacksonvil Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARK, ANN L. Street Address (P.O. Box Number is Not Acceptable) 11701 SEAVIEW DR JACKSONVILLE FL 32225 City Zip Code 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 it applicable (NOTE: Registered Agent signature required when reinstaling) DATE # FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 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 11. TITLE Delete TITLE D ☐ Change ☐ Addition NAME CLARK, ANN L. NAME STREET ADDRESS 11701 SEAVIEW DR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP ☐ Delete Addition 183335W134+ Terrace Tualatin, OR 97062 HEBERT, ROBIN E. NAME STREET ADDRESS STREET ADDRESS 8995 S.W. IOWA DRIVE CITY-ST-7IP CITY-ST-7IP **TUALATIN OR 97062** Delete TITLE THILF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-74P CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ 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 exemptions contained in Section 119, 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

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SIGNATURE:

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Mar 23, 2006 8:00 am