


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # V33656 1. Entity Name CLARK & CLARK INCOME TAX SERVICE, INC.	
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Principal Place of Business 228 S COURTENEY PKWY SUITE 2 MERRITT ISLAND, FL 32952	Mailing Address 228 S COURTENEY PKWY SUITE 2 MERRITT ISLAND, FL 32952
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01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3119525	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CLARK, JOSEPH L. 240 QUAIL LANE MERRITT ISLAND, FL 32952

**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 re-registering) 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 NAME STREET ADDRESS CITY - ST - ZIP	P TILLEN, CARL J. 1340 TROUT ST. MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TILLEN, RAMONA S. 1340 TROUT ST. MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MACFARLANE, SARAH 2939 COLCHESTER RD COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CLARK, RUBY S. 240 QUAIL LANE MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CLARK, JOSEPH L. 240 QUAIL LANE MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000248317
03/02/05-80021-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Joseph L. Clark **JOSEPH L. CLARK** 2-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #