


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K77582**

1. Entity Name  
**DANIELSON, CLARKE, CHARBONNEAU & PLATT, P.A.**



Principal Place of Business <b>C/O DAVID A. DANIELSON          1800 OLD OKEECHOBEE RD #100          WEST PALM BEACH, FL 33409-5207</b>	Mailing Address <b>C/O DAVID A. DANIELSON          1800 OLD OKEECHOBEE RD #100          WEST PALM BEACH, FL 33409-5207</b>
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**DO NOT WRITE IN THIS SPACE**



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0115902</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DANIELSON, DAVID A.  
 1800 OLD OKEECHOBEE RD STE 100  
 WEST PALM BEACH, FL 33409-5207**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000038888  
 02/06/04-80156-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DANIELSON, DAVID A. 1800 OLD OKEECHOBEE RD STE 100 WEST PALM BEACH, FL 334095207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARKE, JOHN B 1800 OLD OKEECHOBEE RD STE 100 WEST PALM BEACH, FL 334095207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHARBONNEAU, JACQUI 1800 OLD OKEECHOBEE RD STE 100 WEST PALM BEACH, FL 334095207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PLATT, LYLE C 1800 OLD OKEECHOBEE RD STE 100 WEST PALM BEACH, FL 334095207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** *David A. Danielson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DAVID A. DANIELSON**

Date: **2/4/04** Daytime Phone #: **561-615-6650**