


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90041 044 \*\*\*150.00

**DOCUMENT # K77582**

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



Principal Place of Business Mailing Address

C/O JOHN B. CLARKE C/O JOHN B. CLARKE  
 1800 OLD OKEECHOBEE RD #100 1800 OLD OKEECHOBEE RD #100  
 WEST PALM BEACH, FL 33409-5207 WEST PALM BEACH, FL 33409-5207

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01252006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0115902** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**CLARKE, JOHN B**  
**1800 OLD OKEECHOBEE RD STE 100**  
**WEST PALM BEACH, FL 33409-5207**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CLARKE, JOHN B 1800 OLD OKEECHOBEE RD STE 100 WEST PALM BEACH, FL 334095207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST! CLARKE, JOHN B 1800 OLD OKEECHOBEE RD, STE 100 WEST PALM BEACH, FL 33409-5207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John B. Clarke **1-25-05** **561-615-6650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOHN B. CLARKE** Date Daytime Phone #