2006 FOR PROFIT CORPORATION

ANNUAL REPORT



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

DOCUMENT # K77582 1. Entity Name CLARKE & PLATT, P.A.						~	01-30-2006 9	00041 044 ***150	.00	
Principal Place of Business C/O JOHN B. CLARKE 1800 OLD OKEECHOBEE RD #100 WEST PALM BEACH, FL 33409-5207 Mailing Address C/O JOHN B. CLARKE 1800 OLD OKEECHOBEE RD # 1800 OLD OKEECHOBEE RD # WEST PALM BEACH, FL 33409-5207						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 		I AIBII BIBII BIBI BIBII BIBI	1)1131 N A151	
2. Principal P	flace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01252006	Chg-P	CR2E034 (11/05)			
City & State		City & State			4. FEI Numbe 65-0115			pplied For ot Applicable		
Zip	Country	Zip	Cour	Country		5. Certificate	of Status Desired	See Require		
	6. Name and Address of Currer	nt Registered Agent		Name		7. Name and	Address of New R	legistered Agent		
CLARKE.	JOHN B			Name						
1800 OLD OKEECHOBEE RD STE 100 WEST PALM BEACH, FL 33409-5207				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.						.00 May Be ed to Fees				
10.		D DIRECTORS	11.	•			CHANGES TO OFF	ICERS AND DIRECTOR	IS IN 11	
TITLE	PT CLARKE JOHN B	☐ Delete	TITE		PST	المرابع المرابع		🔀 Change	Addition	
			ME IEET ADDRESS Y-ST-ZIP	1800	ARKE, JOHN B O OLD OKEECHOBEE RD, STE 100 EST PALM BEACH, FL 33409-5207					
TITLE	S	⊠ Delete	TITE	.E	-		·	☐ Change	Addition	
NAME	CHARBONNEAU, JACQUI		NAM	V IE					_	
STREET ADDRESS	1800 OLD OKEECHOBEE RD			EET ADDRESS	İ					
CITY-ST-ZIP	WEST PALM BEACH, FL 3340			Y-ST-ZIP						
TITLE NAME	PLATT, LYLE C	☐ Delete	titi Naa	_				☐ Change	☐ Addition	
STREET ADDRESS	1800 OLD OKEECHOBEE RD	STE 100		EET ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH, FL 3340	95207	CIT	Y-ST-ZIP						
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CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP						
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NAME			NAM							
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP						
TITLE		Delete	TITE		l			☐ Change	☐ Addition	
NAME .		FTI DRIGIS	NAM					- Change	FT VOIDING	
STREET ADDRESS	,		STR	EET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP					-	
1 12 Thereby	certify that the information supplied w	ith this filing dose not quali	fu for the ex	emotione o	ontained	Lin Chanter 110	Florida Statutae I	I further cortifu that the	information	

remetay certify that the information supplied with this filter activity 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 cath; 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.

SIG	NAT	URE:
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URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-615-6650 Daytime Phone #