

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90017 008 ***150.00

DOCUMENT # K77582

1. Entity Name

CLARKE & PLATT, P.A.



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 #100
WEST PALM BEACH, FL 33409-5207

400100



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	CLARKE, JOHN
STREET ADDRESS	1800 OLD OKEECHOBEE RD STE 100
CITY-ST-ZIP	WEST PALM BEACH, FL 334095207
TITLE	V
NAME	PLATT, LYLE C
STREET ADDRESS	1800 OLD OKEECHOBEE RD STE 100
CITY-ST-ZIP	WEST PALM BEACH, FL 334095207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN B. CLARKE

1/30/08

561-615-6650