

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K77582

**Entity Name:** JOHN B. CLARKE & ASSOCIATES, P.A.

**FILED**  
**Mar 12, 2018**  
**Secretary of State**  
**CC8501800066**

**Current Principal Place of Business:**

C/O JOHN B. CLARKE  
1920 PALM BEACH LAKES BOULEVARD # 202  
WEST PALM BEACH, FL 33409-3506

**Current Mailing Address:**

C/O JOHN B. CLARKE  
1920 PALM BEACH LAKES BOULEVARD # 202  
WEST PALM BEACH, FL 33409-3506 US

**FEI Number: 65-0115902**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CLARKE, JOHN B  
1920 PALM BEACH LAKES BOULEVARD  
#202  
WEST PALM BEACH, FL 33409-3506 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PST  
Name            CLARKE, JOHN B  
Address        1920 PALM BEACH LAKES  
                  BOULEVARD  
                  #202  
City-State-Zip: WEST PALM BEACH FL 33409-3506

Title            V  
Name            CLARKE, JOHN B  
Address        1920 PALM BEACH LAKES BLVD -  
                  STE. 202  
City-State-Zip: WEST PALM BEACH FL 33409

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOHN B. CLARKE**

**PRESIDENT/OWNER**

**03/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date