

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K77582

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

**FILED**  
**Feb 08, 2022**  
**Secretary of State**  
**7553115534CC**

**Current Principal Place of Business:**

C/O JOHN B. CLARKE  
1860 FOREST HILL BOULEVARD 201  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

P.O. BOX 19299  
WEST PALM BEACH, FL 33416 US

**FEI Number:** 65-0115902

**Certificate of Status Desired:** No

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

CLARKE, JOHN B  
C/O JOHN B. CLARKE  
1860 FOREST HILL BOULEVARD 201  
WEST PALM BEACH, FL 33406 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	Title	V
Name	CLARKE, JOHN B	Name	CLARKE, JOHN B
Address	C/O JOHN B. CLARKE 1860 FOREST HILL BOULEVARD 201	Address	C/O JOHN B. CLARKE 1860 FOREST HILL BOULEVARD 201
City-State-Zip:	WEST PALM BEACH FL 33406	City-State-Zip:	WEST PALM BEACH FL 33406

*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

**OWNER**

**02/08/2022**

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

\_\_\_\_\_  
Date