

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F43195

1. Entity Name
CLOBUS, MCLEMORE & DUKE, INC.



Principal Place of Business
4101 RAVENSWOOD ROAD
226
FT. LAUDERDALE, FL 33312-5352 US

Mailing Address
4101 RAVENSWOOD ROAD
226
FT. LAUDERDALE, FL 33312-5352 US



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2131255	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLOBUS, ROBERT
4101 RAVENSWOOD RD
STE 226
FT. LAUDERDALE, FL 33312

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLOBUS, ROBERT 4101 RAVENSWOOD ROAD #226 FT LAUDERDALE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MCLEMORE, SCOTT M. 4101 RAVENSWOOD ROAD #226 FT. LAUDERDALE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DUKE, WALTER B III 4101 RAVENSWOOD ROAD #226 FT. LAUDERDALE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/10/05-80041-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/2005

954 587-2701