

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H51007

FILED  
Jan 29, 2010  
Secretary of State

**Entity Name:** CLARK INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

626 CLEVELAND AVENUE  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

1402 SE PENINSULA  
POST OFFICE BOX 1516  
PALM CITY, FL 34990

**New Mailing Address:**

POST OFFICE BOX 1516  
PALM CITY, FL 34991

**FEI Number:** 59-2510085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DALE W CLARK JR  
1402 SW PENINSULA LAIN  
PALM CITY, FL 34990 US

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

CLARK, DALE W JR.  
1402 SW PENINSULA LANE  
PALM CITY, FL 34990 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: DALE W CLARK JR.

01/29/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CLARK, DALE W JR.  
Address: 1402 SW PENINSULA LN.  
City-St-Zip: PALM CITY, FL 34990

Title: V  
Name: CLARK, DIANE B  
Address: 1402 SW PENINSULA LN  
City-St-Zip: PALM CITY, FL 34990

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: DALE W CLARK JR.

PRES

01/29/2010

Electronic Signature of Signing Officer or Director

Date