


2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H79007 1. Entity Name THE CLARKE GROUP, INC.				12 MAY -6 AM 9:44 15	
Principal Place of Business 2771 HERON PLACE CLEARWATER, FL 33762		Mailing Address 2655 ULMERTON RD 122 CLEARWATER, FL 33762			
2. Principal Place of Business - No P.O. Box # 2771 HERON PLACE		3. Mailing Address 2655 ULMERTON RD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 122			
City & State CLEARWATER FL		City & State CLEARWATER FL		4. FEI Number 59-2580716	
Zip 33762		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33762		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARKE, CARTER W., III 2655 ULMERTON RD 122 CLEARWATER, FL 33762			7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 N/A <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2012 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR CLARKE, CARTER III 2771 HERON PLACE CLEARWATER, FL 33762	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Carter Clarke III		DATE: 5/1/12 E-MAIL ADDRESS: cclarke@theclarkegroup.com			

MAY - 7 2012