


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90060 029 ***150.00

DOCUMENT # J69578	
1. Entity Name G. CLARKE BONDING, INC.	

Principal Place of Business LIBERTY BAIL BONDS, INC 355 E MONROE ST JACKSONVILLE FL 32202 US	Mailing Address LIBERTY BAIL BONDS INC 355 E. MONROE ST. JACKSONVILLE FL 32202 US
--	---



2. Principal Place of Business - No P.O. Box #		3. Mailing Address Gwendolyn M. Ogden, C.P.A.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 4161 Carmichael Ave. #138	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
		32207	Duval

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2828404		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 CLARKE, GILBERT R. 7630 WINDWARD WAY W JACKSONVILLE FL 32256		7. Name and Address of New Registered Agent Name Gwendolyn M. Ogden Street Address (P.O. Box Number is Not Acceptable) 4161 Carmichael Ave. #138 City Jacksonville FL Zip Code 32207

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARKE, GILBERT R.			NAME			
STREET ADDRESS	7630 WINDWARD WAY W			STREET ADDRESS	4161 Carmichael Ave. #138		
CITY-STATE-ZIP	JACKSONVILLE FL 32256			CITY-STATE-ZIP	Jacksonville, FL 32207		
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARKE, KATHLEEN S.			NAME			
STREET ADDRESS	7630 WINDWARD WAY W.			STREET ADDRESS	4161 Carmichael Ave. #138		
CITY-STATE-ZIP	JACKSONVILLE FL 32256			CITY-STATE-ZIP	Jacksonville, FL 32207		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Gwendolyn M. Ogden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07

Date

904-396-6011

Daytime Phone #

Original

ATTACHMENT 40106872
569578

DURABLE POWER OF ATTORNEY FOR FINANCIAL MANAGEMENT

WARNING TO PERSON EXECUTING THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A DURABLE POWER OF ATTORNEY. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

THIS DOCUMENT MAY PROVIDE THE PERSON YOU DESIGNATE AS YOUR ATTORNEY-IN-FACT WITH BROAD LEGAL POWERS, INCLUDING THE POWERS TO MANAGE, DISPOSE, SELL AND CONVEY YOUR REAL AND PERSONAL PROPERTY AND TO BORROW MONEY USING YOUR PROPERTY AS SECURITY FOR THE LOAN.

THESE POWERS WILL CONTINUE TO EXIST EVEN IF YOU BECOME DISABLED OR INCAPACITATED. THESE POWERS WILL EXIST UNTIL YOU REVOKE OR TERMINATE THIS POWER OF ATTORNEY. YOU HAVE THE RIGHT TO REVOKE OR TERMINATE THIS POWER OF ATTORNEY AT ANY TIME.

THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTHCARE DECISIONS FOR YOU.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

1. Principal and Attorney-in-Fact

PRINCIPAL

GILBERT R. CLARKE
7630 WINDWARD WAY WEST
JACKSONVILLE, Florida 32256

I, GILBERT R. CLARKE, appoint the person named below as my attorney-in-fact to act for me in any lawful way with respect to the powers delegated in Part 4, below.

ATTORNEY-IN-FACT

GWENDOLYN M. OGDEN
4161 CARMICHAEL AVE., SUITE 138
JACKSONVILLE, FLORIDA 32207

2. Delegation of Authority

My attorney-in-fact may delegate, in writing, any authority granted under this durable power of attorney to a person he or she selects. Any such delegation shall state the period during which it is valid and specify the extent of the delegation.

3. Effective Date

This power of attorney is effective immediately, and shall continue in effect if I become incapacitated or disabled.

~~#569578~~

Signed this 4th day of August, 1999

Signature: Gilbert R. Clarke

WITNESSES

Signature: manth. O/H

Print Name: Martha Off

Address: 9802 0/d Baymeadows Rd

JAX FI 32256

Date: Aug 4 1999

Signature: Kinda L. Strickland

Print Name: Linda L Strickland

Address: 9802 Old Baymeadows Road

Jacksonville FL 32256

Date: 8-4-99

/ / / /

ATTACHMENT 40106872

#569578

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Florida)

) ss.

County of Duval)

On Aug. 4th, 1999, before me, _____, a notary public in and for said state, personally appeared Gilbert R. Clarke personally known to me (or proved on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

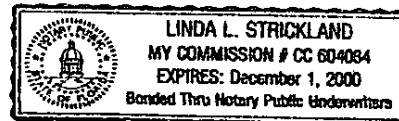
Linda L. Strickland
Notary Public for the State of Florida

(NOTARIAL SEAL)

My commission expires: 12-1-2000

PREPARATION STATEMENT

This document was prepared by:
GILBERT R. CLARKE
7630 WINDWARD WAY WEST
JACKSONVILLE, Florida 32256



ATTACHMENT

4010.6872

569578

DURABLE POWER OF ATTORNEY

By this Durable Power of Attorney, I, KATHLEEN S. CLARKE, of Duval County, Florida, appoint GWENDOLYN M. OGDEN as my attorney-in-fact to manage my affairs.

This Durable Power of Attorney shall not be affected by any physical or mental disability that I may suffer, except as provided in §709.08, Florida Statutes, and it shall be exercisable from this date. All acts done by my attorney-in-fact pursuant to this power shall bind me, my heirs, devisees and personal representatives. This power of attorney is nondelegable.

All of my property and interest in property are subject to this Durable Power of Attorney.

Without limiting the broad powers conferred by the preceding provisions, I authorize my attorney-in-fact to:

1. Collect all sums of money and other property that may be payable or belonging to me, and to execute receipts, releases, cancellations or discharges.
2. Settle any accounts in which I have any interest and to pay or receive the balance of that account.
3. Borrow money on such terms and with such security as my attorney-in-fact thinks fit and to execute all notes, mortgages and other instruments that my attorney-in-fact finds necessary or desirable.
4. Draw, accept, endorse or otherwise deal with any checks or other commercial instruments, specifically including the right to make withdrawals from any checking or savings account.
5. Redeem bonds issued by the United States Government or any of its agencies, any other bonds and any certificates of deposit or other similar assets belonging to me.
6. Sell or redeem any of my assets, including but not limited to real estate, bonds, shares of stock, mutual funds, annuities, warrants and debentures, and to execute all assignments and deeds or other instruments necessary or proper for transferring them to the purchaser or purchasers, and give good receipts and discharges for all money payable with regard to them.
7. Manage, lease, and superintend any of my real estate.
8. Purchase bonds, shares of stock, mutual funds and any other securities, annuities, or real estate, as my attorney-in-fact thinks fit.
9. Vote at all meetings of stockholders of any company and otherwise act as my proxy in respect to my shares of stock or other securities or investments that now or hereafter belong to me, and appoint substitutes or proxies with respect to any of those shares of stock.

ATTACHMENT

40106872

569578

Any act that is done under this power between the revocation of this instrument and notice of that revocation to my attorney-in-fact shall be valid unless the person claiming the benefit of the act had notice of that revocation.

IN WITNESS WHEREOF, I have set my hand and seal, this 27 day of Dec, 2000.

Signed, Sealed and Delivered
in the Presence of:

Charlene Meeks
Charlene Meeks

Kathleen S. Clarke
KATHLEEN S. CLARKE

STATE OF FLORIDA

COUNTY OF Duval

The foregoing instrument was acknowledged before me this 27th day of Dec, 2000, by KATHLEEN S. CLARKE, who is personally known to me or who has produced a driver's license as identification.

Signature: Charlene Meeks
Print Name: CHARLENE MEEKS
NOTARY PUBLIC, State of Florida
Commission Number: CC 640767

