

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90046 043 ***150.00

DOCUMENT # K77582 1. Entity Name DANIELSON, CLARKE, CHARBONNEAU & PLATT, P.A.					
Principal Place of Business C/O JOHN B. CLARKE 1800 OLD OKEECHOBEE RD #100 WEST PALM BEACH, FL 33409-5207			Mailing Address C/O JOHN B. CLARKE 1800 OLD OKEECHOBEE RD #100 WEST PALM BEACH, FL 33409-5207		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0115902	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CLARKE, JOHN B. 1800 OLD OKEECHOBEE RD STE 100 WEST PALM BEACH, FL 33409-5207				Name 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 _____ 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CLARKE, JOHN B 1800 OLD OKEECHOBEE RD STE 100 WEST PALM BEACH, FL 334095207 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PLATT, LYLE C 1800 OLD OKEECHOBEE RD STE 100 WEST PALM BEACH, FL 334095207 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHARBONNEAU, JACQUI 1800 OLD OKEECHOBEE RD STE 100 WEST-PALM BEACH, FL 334095207 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHARBONNEAU, JACQUI 1800 OLD OKEECHOBEE RD, STE.100 WEST PALM BEACH, FL 33409-5207 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PLATT, LYLE C 1800 OLD OKEECHOBEE RD STE 100 WEST PALM BEACH, FL 334095207 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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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 all other like empowered.					
SIGNATURE: <i>John B. Clarke</i> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN B. CLARKE		Date 1-31-05 Daytime Phone # 561-615-6650			