


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000047749 1. Entity Name CLARENCE HOUSE, INC.	
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Principal Place of Business
**311 NW 42 COURT
101
DEERFIELD BEACH, FL 33064**

Mailing Address
**P.O. BOX 5218
LIGHTHOUSE POINT, FL 33074**



06212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1014477	Approved For <input type="checkbox"/> Not Approved
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DASH, HARRIET
2821 NE 55 PLACE
FT. LAUDERDALE, FL 33308**

**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 _____ DATE _____
Signature: Typed or printed name of registered agent and title. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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	P DASH, HARRIET P.O. BOX 5218 LIGHTHOUSE POINT, FL 33074
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09/13/06-80002-013 550.00

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IN THIS SPACE**

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: Harriet Dash **HARRIET DASH** 9-1-06-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Year