2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000074045

1. Entity Name
G. WILLIAM CLARKE, P.A.

Principal Place of Business	Mailing Address
5317 PALM RIDGE BLVD	5317 PALM RIDGE BLVD
DELRAY BEACH, FL 33484	DELRAY BEACH, FL 33484

DO NOT WRITE IN THIS SPACE

02032008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-1028522		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FELBERBAUM, RICK S
1200 N FEDERAL HWY , STE 320
BOCA RATON, FL 33432

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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
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, 2008 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000953569 07/07/08-80003-013 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CLARKE, WILLIAM P.A.
STREET ADDRESS	5317 PALM RIDGE BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 334841116

TITLE	VP
NAME	CLARKE, KIP H
STREET ADDRESS	5217 PALM RIDGE BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 334841116

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
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: _Kip Clarke Kip Clarke_   7/1/08   561-495-5645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #