

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED
05 JUN -2 PM 9:30
CLERK OF THE CIRCUIT COURT
IN AND FOR THE STATE
OF FLORIDA



05112005 Chg-P CR2E034 (10/03)

4. FEI Number
27-0011624
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P02000035606

1. Entity Name
CLARKE PRESS, INC.



Principal Place of Business
22673 PIECES OF EIGHT ROAD
CUDJOE KEY, FL 33042

Mailing Address
P.O. BOX 420301
SUMMERLAND KEY, FL 33042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNETT, BONNIE L
22673 PIECES OF EIGHT ROAD
CUDJOE KEY, FL 33042

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

Amended AR is \$61.25

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
P
BURNETT, BONNIE L
22673 PIECES OF EIGHT ROAD
CUDJOE KEY, FL 33042 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ROBERT J. CLARKE, JR.
454 SHAMONA CIRCLE
DOWNTOWN, PA 19335 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
400055974694
06/09/05-01045-009 ***61.25 ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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: *BONNIE L. BURNETT*
Bonnie L. Burnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres 5/23/05
Date Daytime Phone #