


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90022 009 \*\*\*150.00

<b>DOCUMENT # P02000045556</b>		
1. Entity Name CLARK & GREIWE, P.A.		

Principal Place of Business 701 S. HOWARD AVE SUITE 201 TAMPA, FL 33606 33602	Mailing Address 701 S. HOWARD AVE SUITE 201 TAMPA, FL 33606-33602
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**DO NOT WRITE IN THIS SPACE**



01022007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3048729	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  CLARK, JAMES D 701 EAST WASH ST TAMPA, FL 33602
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**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 \_\_\_\_\_  
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**

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	D CLARK, JAMES D 701 E WASH ST TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREIWE, DONALD G 701 E WASH ST TAMPA, FL 33602
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TITLE NAME STREET ADDRESS 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/2/07 813 222 097