

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90026 026 \*\*\*150.00

**DOCUMENT # P02000102745**  
 1. Entity Name  
**LAW OFFICES OF EULA R. CLARKE, P.A.**



Principal Place of Business Mailing Address  
**615 SW ST. LUCIE CRESCENT** **P.O. BOX 3335**  
**SUITE 2B & 2C** **STUART, FL 34995**  
**STUART, FL 34994**

40110020



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**615 SW ST. LUCIE CRESCENT** **P.O. BOX 3335**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**SUITE 1C**

05012007 Chg-P CR2E034 (12/06)

City & State City & State  
**STUART** **STUART FL 34995**

4. FEI Number Applied For  
**56-2296692**  Not Applicable

Zip Country USA Zip Country USA  
**FL** **MARTIN** **34994** **MARTIN USA**

6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ROBINSON-CLARKE, EULA R**  
**615 SW ST. LUCIE CRESCENT**  
**SUITE 2B & 2C**  
**STUART, FL 34994**

7. Name and Address of New Registered Agent  
 Name **SAME**  
 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 **NVA**  
 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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>ROBINSON-CLARKE, EULA R</b>
STREET ADDRESS	<b>615 SW ST LUCIE CRESCENT, SUITE 2B&amp;2C</b>
CITY-ST-ZIP	<b>STUART, FL 34994</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Eula R. Clarke**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/9/07** Daytime Phone # **772-220-3324**

ATTACHMENT  
40110825



Division of Corporations

Annual Report

Annual Report Help

Document Number  
P02000102745

Business Entity Name

LAW OFFICES OF EULA R. CLARKE, P.A.

FEI Number 562296692  
FEI Number Status  Listed Above  Applied For  Not Applicable  
Certificate of Status Desired  Yes  No \$8.75 each  
Election Campaign Financing Trust Fund Contribution  Yes  No

Principal Place of Business

Address 615 SW ST. LUCIE CRESCENT  
Suite, Apt. #, etc. SUITE 1C  
City, State STUART, FL  
Zip Code & Country 34994

Mailing Address

Address P.O. BOX 3335  
Suite, Apt. #, etc.  
City, State STUART, FL  
Zip Code & Country 34995

Name and Address of Registered Agent

Name (Last, First, Middle, Title) ROBINSON-CLARKE, EULA R

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 615 SW ST. LUCIE CRESCENT  
Suite, Apt. #, etc. SUITE 1C  
City, State STUART, FL  
Zip Code & Country 34994 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

**ATTACHMENT**  
**40110825**  
**# P02000102745**

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title **P**  
Name (Last, First, Middle, Title) **ROBINSON-CLARK, EULA, R**

**- OR -**

Entity Name to serve as Officer/Director

Street Address **615 SW ST LUCIE CRESCENT, SUITE 1C**  
City, State **STUART, FL**  
Zip Code & Country **34994**

Title  
Name (Last, First, Middle, Title)

**- OR -**

Entity Name to serve as Officer/Director

Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)

**- OR -**

Entity Name to serve as Officer/Director

Street Address  
City, State  
Zip Code & Country

Title

40110825

# P02000102745

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

PRESIDENT  
*[Handwritten Signature]*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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