


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # P02000102745</b>	
1. Entity Name LAW OFFICES OF EULA R. CLARKE, P.A.	

Principal Place of Business 615 SW ST. LUCIE CRESCENT SUITE 2B & 2C STUART, FL 34994	Mailing Address P.O. BOX 3335 STUART, FL 34995
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40110020



2. Principal Place of Business - No P.O. Box # 615 SW ST. LUCIE CRESCENT	3. Mailing Address P.O. BOX 3335
Suite, Apt. #, etc. SUITE 1C	Suite, Apt. #, etc.
City & State STUART	City & State STUART, FL 34995
Zip FL	Country MARTIN USA

05012007 Chg-P CR2E034 (12/06)

4. FEI Number 56-2296692	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBINSON-CLARKE, EULA R 615 SW ST. LUCIE CRESCENT SUITE 2B & 2C STUART, FL 34994	
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7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: <u>Eula R. Clarke</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! - FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON-CLARKE, EULA R 615 SW ST LUCIE CRESCENT, SUITE 2B&2C STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.	
SIGNATURE: <u>Eula R. Clarke</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	5/9/07 772-2203324 Date Daytime Phone #



**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-CLARK, 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

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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

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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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