

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000025756

1. Entity Name
SHANE & PEGGY CLARKE, P.A.



Principal Place of Business
**12008 SOUTH SHORE BLVD.
WELLINGTON, FL 33414**

Mailing Address
**P.O. BOX 391
LOXAHATCHEE, FL 33470**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0771908

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CLARKE, SHANE
1917 SOUTH CLUB DRIVE
WELLINGTON, FL 33414**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**1100000382830
01/24/06-80097-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARKE, L. SHANE 1917 SOUTH CLUB DRIVE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEONARD-CLARKE, MARGARET 1917 SOUTH CLUB DRIVE WELLINGTON, FL 33414
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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:

Margaret Leonard-Clarke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-06
Date

561-798-0888
Daytime Phone

*Margaret Leonard-Clarke
Vice President*