

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000151294

Entity Name: SUE CLARK, P.A.

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

479 LAKE APTHORPE DRIVE  
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

**Current Mailing Address:**

479 LAKE APTHORPE DRIVE  
LAKE PLACID, FL 33852 US

**New Mailing Address:**

FEI Number: 20-3753730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLARK, SUE  
479 LAKE APTHORPE DRIVE  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: CLARK, SUE  
Address: 479 LAKE APTHORPE DR  
City-St-Zip: LAKE PLACID, FL 33852 US

Title: D  
Name: CLARK, SUE  
Address: 479 LAKE APTHORPE DR  
City-St-Zip: LAKE PLACID, FL 33852 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUE CLARK

PRES

03/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date