## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000034425

Entity Name: ROBIN L. CLARK, CERTIFIED PUBLIC ACCOUNTANT, P.A.

FILED Feb 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

659 S COMMERCE AVE SEBRING, FL 33870 US

Current Mailing Address: New Mailing Address:

P.O. BOX 668 1483 N. MT. JULIET ROAD #127 SEBRING, FL 33871 MOUNT JULIET, TN 37122

FEI Number: 65-0653672 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CLARK-WHITE, ROBIN L
PO BOX 668
SEBRING, FL 33871 US
CLARK-WHITE, ROBIN L
366 FERNLEAF AVENUE, SUITE #2
SEBRING, FL 33870 US

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: ROBIN CLARK WHITE, CPA 02/21/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete Title: (X) Change ( ) Addition CLARK-WHITE, ROBIN L CLARK-WHITE, ROBIN L Name: Name: P.O. BOX 668 1483 N. MT. JULIET ROAD #127 Address: Address: City-St-Zip: SEBRING, FL 33871 City-St-Zip: MOUNT JULIET, TN 37122

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBIN CLARK WHITE CPA PRES 02/21/2005