

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90353 027 ***150.00

DOCUMENT # P97000033174



1. Entity Name
 CLARKE CORPORATION OF CENTRAL FLORIDA

Principal Place of Business Mailing Address
 697 LAKE HARBOR CIR 697 LAKE HARBOR CIR
 ORLANDO FL 32809 ORLANDO FL 32809

2. Principal Place of Business 3. Mailing Address
 7445 Somerset Shores Ct 7445 Somerset Shores Ct

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Orl FL Orl FL

Zip Country Zip Country
 32819 USA 32819 USA



MOORE CR2E034 (11/03)

4. FEI Number 59-3468402 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 CLARKE, KEITH
 697 LAKE HARBOR CIR
 ORLANDO FL 32809

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 7445 Somerset Shores Ct
 City Orlando FL Zip Code 32819

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD <input type="checkbox"/> Delete
NAME	CLARKE, KEITH
STREET ADDRESS	697 LAKE HARBOR CIR
CITY-ST-ZIP	ORLANDO FL 32809
TITLE	VTD <input type="checkbox"/> Delete
NAME	CLARKE, KATRINA
STREET ADDRESS	697 LAKE HARBOR CIR
CITY-ST-ZIP	ORLANDO FL 32809
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7445 Somerset Shores Ct
CITY-ST-ZIP	Orlando FL 32819
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7445 Somerset Shores Ct
CITY-ST-ZIP	Orlando FL 32819
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 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 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:

Date: 4/4/04 Daytime Phone #: 4072268090