

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000033174

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** CLARKE CORPORATION OF CENTRAL FLORIDA

**Current Principal Place of Business:**

7051 PHILLIPS COVE CT.  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7051 PHILLIPS COVE CT.  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 59-3468402

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLARKE, KEITH  
7051 PHILLIPS COVE CT.  
ORLANDO, FL 32819 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CLARKE, KEITH  
Address: 7051 PHILLIPS COVE CT.  
City-St-Zip: ORLANDO, FL 32819

Title: VTD  
Name: CLARKE, KATRINA  
Address: 7051 PHILLIPS COVE CT.  
City-St-Zip: ORLANDO, FL 32819

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: KEITH CLARKE

PD

03/18/2011

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

\_\_\_\_\_  
Date