

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000034330

FILED  
Mar 09, 2005  
Secretary of State

Entity Name: CLARKE CORPORATION OF MID-FLORIDA

## Current Principal Place of Business:

7445 SOMERSET SHORES CT.  
ORLANDO, FL 32819

## New Principal Place of Business:

7051 PHILLIPS COVE CT.  
ORLANDO, FL 32819

## Current Mailing Address:

7445 SOMERSET SHORES CT.  
ORLANDO, FL 32819

## New Mailing Address:

7051 PHILLIPS COVE CT.  
ORLANDO, FL 32819

FEI Number: 59-3579608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARKE, KEITH  
7445 SOMERSET SHORES CT.  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

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

03/09/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CLARKE, KEITH  
Address: 7445 SOMERSET SHORES CT.  
City-St-Zip: ORLANDO, FL 32819

Title: VPTD ( ) Delete  
Name: CLARKE, KATRINA  
Address: 7445 SOMERSET SHORES CT.  
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPTD (X) Change ( ) Addition  
Name: CLARKE, KATRINA  
Address: 7051 PHILLIPS COVE CT.  
City-St-Zip: ORLANDO, FL 32819

Title: TRES ( ) Change (X) Addition  
Name: COOK, WILLIAM  
Address: 7051 PHILLIPS COVE CT.  
City-St-Zip: ORLANDO, FL 32819

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: KEITH CLARKE

PRES

03/09/2005

Electronic Signature of Signing Officer or Director

Date