


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S93824</b> 1. Entity Name CLARK DEMAY FARA & FROMAN, P.A.	
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Principal Place of Business 1819 MAIN ST SUITE 1100 SARASOTA, FL 34236 US	Mailing Address P O DRAWER 49887 SARASOTA, FL 34230 US
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**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0293274	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  DEMAY, DANIEL J 1819 MAIN ST., STE. 1100 SARASOTA, FL 34236
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CLARK, DONALD D 1819 MAIN STREET #1100 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DEMAY, DANIEL J 1819 MAIN STREET #1100 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FROMAN, ANDREW 1819 MAIN ST., #1100 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FARA, SUSAN L 1819 MAIN STREET #1100 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/19/05-80059-002 150.00

**DO NOT WRITE IN THIS SPACE**

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: <u>Susan Fara</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>1/14/05</u> Daytime Phone # _____
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