

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000066925

**Entity Name:** BARBARA CLARK & COMPANY, PA

**Current Principal Place of Business:**

100 SECOND AVENUE SOUTH  
SUITE 503-S  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

P.O. BOX 13723  
ST. PETERSBURG, FL 33701 US

**FEI Number: 54-2072156**

**Certificate of Status Desired: No**

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

CLARK, BARBARA A  
100 SECOND AVENUE SOUTH  
SUITE 503-S  
ST. PETERSBURG, FL 33701 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CLARK, BARBARA A  
Address 100 SECOND AVENUE SOUTH  
SUITE 503-S  
City-State-Zip: ST. PETERSBURG FL 33701

Title S  
Name CLARK, BARBARA A  
Address 100 SECOND AVENUE SOUTH  
SUITE 503-S  
City-State-Zip: ST. PETERSBURG FL 33701

Title T  
Name CLARK, BARBARA A  
Address 100 SECOND AVENUE SOUTH  
SUITE 503-S  
City-State-Zip: ST. PETERSBURG FL 33701

*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: BARBARA A CLARK**

**OWNER**

**03/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date