



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

|   |   |
|---|---|
| <b>DOCUMENT # P01000020952</b><br>1. Entity Name<br>1560 CLEARWATER, INC. |  |
|---|---|

FILED  
04 OCT -4 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| Principal Place of Business<br>9975 COUNTY ROAD 470<br>BLUE RIDGE, TX 75424 | Mailing Address<br>9975 COUNTY ROAD 470<br>BLUE RIDGE, TX 75424 |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |



07012004    Chg-P    CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>74-2992941</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

**6. Name and Address of Current Registered Agent**

SAMPSON, RUSS  
1560 MCMULLEN BOOTH  
#G  
CLEARWATER, FL 33759

**7. Name and Address of New Registered Agent**

Name: **ERIN WATSON**  
 Street Address (P.O. Box Number is Not Acceptable): **3749 Appleton Ct**  
 City: **Palm Harbor**    FL    Zip Code: **34684**

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: *E.T. Lewis*    (NOTE: Registered Agent signature required when reinstating)    DATE: \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

| 10. OFFICERS AND DIRECTORS |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | P<br>MURDOCH, STEPHANIE         | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 9975 COUNTY ROAD 470            | NAME  | 200041573582  |
| STREET ADDRESS             | BLUE RIDGE, TX 75424            | STREET ADDRESS  | 10/04/04--01052--015    **550.00                                  |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                | <input type="checkbox"/> Delete | NAME  | <i>10/5</i>   |
| STREET ADDRESS             |                                 | STREET ADDRESS  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                | <input type="checkbox"/> Delete | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                 | STREET ADDRESS  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                | <input type="checkbox"/> Delete | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                 | STREET ADDRESS  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                | <input type="checkbox"/> Delete | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                 | STREET ADDRESS  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Stephanie Murdoch*    9-10-04    912-734-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #

*Stephanie Murdoch*