

2004 FOR PROFIT CORPORATION ANNUAL REPORT

PENDING
04-30-2004 90423 001 *2,100.00
P03000124055


FILED

04 JUN -3 AM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000124055

1. Entity Name
CLEAR VIEW PRODUCTS, SOUTHEAST, INC.



Principal Place of Business Mailing Address

1301 RIVERPLACE BLVD STE 2450 %ANSBACHER & MCKEEL, P.A.
RIVERPLACE TOWER 1301 RIVERPLACE BLVD STE 2450
JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207-9047

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02052004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

ANNSBACHER & MCKEEL, P.A.
1301 RIVERPLACE BLVD STE 2450
JACKSONVILLE, FL 32207-9047

4. FEI Number
13-4269895

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIKUNOVA, EMILIA 1301 RIVERPLACE BLVD STE 2450 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUBB, DARRYL 1301 RIVERPLACE BLVD STE 2450 JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  **EMILIA DIKUNOVA** Date: **04-04-04** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR