

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092036

**FILED**  
**Mar 02, 2004**  
**Secretary of State**

**Entity Name:** CLEARWATER GAZETTE & BEACH VIEWS, INC.

**Current Principal Place of Business:**

25 CAUSEWAY BLVD  
SUITE 32  
CLEARWATER BEACH, FL 33767

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3025  
CLEARWATER BEACH, FL 33767

**New Mailing Address:**

PO BOX 3025  
SUITE 32  
CLEARWATER BEACH, FL 33767

**FEI Number:** 59-3573504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POLLICK, CHARLES J  
25 CAUSEWAY BLVD  
SUITE 32  
CLEARWATER BEACH, FL 33767 US

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

POLLICK, SANDRA L  
25 CAUSEWAY BLVD  
SUITE 32  
CLEARWATER BEACH, FL 33767 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: SANDRA L POLLICK

03/02/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P (X) Delete  
Name: POLLICK, CHARLES JOHN  
Address: 414 BELLE ISLE  
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: ST ( ) Delete  
Name: POLLICKM SANDRA L,  
Address: 414 BELLE ISLE  
City-St-Zip: BELLEAIR BEACH, FL 33786

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P/S (X) Change ( ) Addition  
Name: SANDRA, POLLICK L  
Address: 414 BELLE ISLE  
City-St-Zip: BELLEAIR BEACH, FL 33786

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: SANDRA L POLLICK

P

03/02/2004

Electronic Signature of Signing Officer or Director

Date