


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S61204</b> 1. Entity Name <b>CLEAR WATER TREATMENT, INC.</b>		
Principal Place of Business <b>921 SE 11TH AVE STE 3 CAPE CORAL, FL 33990</b>		Mailing Address <b>PO BOX 151223 CAPE CORAL, FL 33915</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>WILKIN, SANDRA 924 SE 29TH TERR CAPE CORAL, FL 33904</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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. (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILKIN, JEFFREY 924 SE 29TH TERR CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WILKIN, SANDRA 924 SE 29TH TERRACE CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Sandra S. Wilkin Pres.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3-22-05</b> <sup>239</sup> <small>Date</small> <b>458-5597</b> <small>Daytime Phone #</small>



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0269888**

Applied For
Not Applicable

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

1000011274425  
03/24/05-80010-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

*Sandra S. Wilkin, Pres.*