2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006
Secretary of State

DOCUMENT# 259633

Entity Name: CLEARWATER PLUMBING, INC.

Current Principal Place of Business:

409 N FT HARRISON AVE
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

409 N FT HARRISON AVE
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 59-0971059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIKOFF, KAREN
409 N FT HARRISON AVE
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BURNISON, GARY,	
Address:	2051 LITTLE NECK RD	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	D	( ) Delete
Name:	BURNISON, PENNY E	
Address:	627 POINSETTIA RD	
City-St-Zip:	BELLEAIR, FL 33756	
Title:	STD	( ) Delete
Name:	WIKOFF, KAREN	
Address:	653 POINSETTIA RD	
City-St-Zip:	BELLEAIR, FL 33756	
Title:	PD	( ) Delete
Name:	WIKOFF, L CARL	
Address:	653 POINSETTIA RD	
City-St-Zip:	BELLEAIR, FL 33756	
Title:	VD	( ) Delete
Name:	BAILEY, CLIFFORD	
Address:	1306 STONEY BROOK LA	
City-St-Zip:	DUNEDIN, FL 34698	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KAREN WIKOFF STD 03/03/2006

Electronic Signature of Signing Officer or Director Date