

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90193 003 ***150.00

DOCUMENT # 473815

1. Entity Name
CLEARWATER EARTH MOVING, INC.

Principal Place of Business
**5590 96TH TERR NORTH
PINELLA PARK, FL 34666**

Mailing Address
**5590 96TH TERR NORTH
PINELLA PARK, FL 34666**

DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1586464

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAGNANA, FRANK L JR
5590 96TH TERR NO.
PINELLAS PARK, FL 34666**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	P
NAME	LAGANA, FRANK L JR
STREET ADDRESS	5990 96TH TERR NO.
CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	ST
NAME	LAGANA, SHIRLEY
STREET ADDRESS	5590 96TH TERR NO.
CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	V. PRES
NAME	JARED BROWN
STREET ADDRESS	17757 US 19N STE 325
CITY-ST-ZIP	Clearwater FL 33764
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Shirley Lagona Shirley Lagona*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04 727 544 7449
Date Daytime Phone #