


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

05-13-2004 90007 005 \*\*\*\*61.25

**DOCUMENT # 760494**

1. Entity Name  
**CLEARWATER AQUATICS BOOSTERS, INC.**



Principal Place of Business  
**C/O PAUL ANDERSON**  
**2186 CYPRESS PT. DR. N.**  
**CLEARWATER, FL 33763 US**

Mailing Address  
**C/O PAUL ANDERSON**  
**2186 CYPRESS PT. DR. N.**  
**CLEARWATER, FL 33763 US**

24075246



2. Principal Place of Business  
**1709 PENNY LN**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1709 PENNY LN**  
 Suite, Apt. #, etc.

02022004 Chg-NP CR2E037 (10/03)

City & State  
**CLEARWATER FL**

City & State  
**CLEARWATER FL**

Zip  
**33756** Country  
**USA**

Zip  
**33756** Country  
**USA**

4. FEI Number  
**59-2169574**

Applied For  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PAUL, ANDERSON M**  
**2186 CYPRESS PT. DR. N.**  
**CLEARWATER, FL 33763**

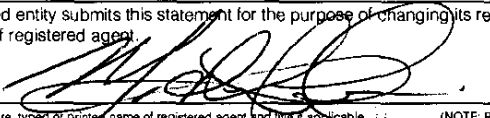
7. Name and Address of New Registered Agent

Name  
**MIKE DEAN**

Street Address (P.O. Box Number is Not Acceptable)  
**1709 PENNY LN**

City  
**CLEARWATER FL** Zip Code  
**33756**

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  DATE **2/11/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

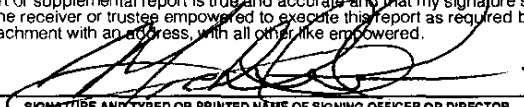
Filing Fee is **\$61.25** Due by **May 1, 2004**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input checked="" type="checkbox"/> Delete BIONDI, JAMIE 215 ELIZABETH AVE S CLEARWATER, FL 33759	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE VD	<input checked="" type="checkbox"/> Delete CASTAGNA, CHARLES 410 HILLTOP AVE. CLEARWATER, FL 33755	TITLE Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	UP BARB DEAN 1709 PENNY LN CLEARWATER, FL 33756
TITLE PD	<input checked="" type="checkbox"/> Delete KIMBALL, MARK 1020 FLUSHING AVE CLEARWATER, FL 33764	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	P CHELSEY GOOD 1005 WELLINGTON DR CLEARWATER, FL 33764
TITLE TD	<input checked="" type="checkbox"/> Delete ANDERSON, PAUL M 2186 CYPRESS PT. DR. N. CLEARWATER, FL 33763	TITLE Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	T MIKE DEAN 1709 PENNY LN CLEARWATER, FL 33756
TITLE SD	<input checked="" type="checkbox"/> Delete ANDERSON, PENNY L 2186 CYPRESS PT. DR. N. CLEARWATER, FL 33763	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	S DAWN MARIE HUMPHREYS 904 WELLINGTON DR CLEARWATER, FL 33764
TITLE Delete <input type="checkbox"/>		TITLE Change... <input type="checkbox"/> Addition <input type="checkbox"/>	

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 617, 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:  DATE **2/11/04** (727) **415-3004**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR