


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90186 041 \*\*\*\*61.25

**DOCUMENT # 760494**

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



Principal Place of Business  
**1709 PENNY LANE**  
**CLEARWATER, FL 33756 US**

Mailing Address  
**1709 PENNY LANE**  
~~2106 CYPRESS PT. DR. N.~~  
**CLEARWATER, FL 33756 US**

**50036260**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**1709 Penny Ln**  
 Suite, Apt. #, etc.

04032005 Chg-NP CR2E037 (10/03)

City & State  
**CLEARWATER FL**

4. FEI Number  
**59-2169574**

Applied For  
 Not Applicable

City & State  
**CLEARWATER FL**

Zip  
**33756**

Country  
 US

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

**6. Name and Address of Current Registered Agent**

**DEAN, MIKE MIKE**  
**1709 PENNY LANE**  
**CLEARWATER, FL 33756**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

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  **MICHAEL L DEAN** **4/3/05**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEAN, BARB 1709 PENNY LANE CLEARWATER, FL 33756 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOOD, CHERYL 1005 WELLINGTON DR. CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>T</del> DEAN, MIKE 1709 PENNY LANE CLEARWATER, FL 33756 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUMPHREYS, DAWN MARIE 904 WELLINGTON DR. CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> BARBARA DEAN 1709 PENNY LN CLW, FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> Theresa Smith 2201 HENRIESEN DR CLEARWATER FL 33764 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC.</b> LAURA BLAKELY 1548 STONKER DR CLEARWATER, FL 33764 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **MICHAEL L DEAN** **4/3/05** **727-415-3004**

Signature and typed or printed name of signing officer or director Date Day/Me Phone #