

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # F00000004377

1. Entity Name

CLEARWATER SERVICES OF IDAHO, INC.



Principal Place of Business

2501 SHERMAN AVE
#227

COEUR D'ALENE, ID 83814

Mailing Address

P.O. BOX 982

COEUR D'ALENE, ID 83816



04242004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

82-0519167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUINN, DAVID L
6513 GREEN ROAD
LAKELAND, FL 33810

**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 PD
NAME STROUD, PATRICK M
STREET ADDRESS 2411 E. HARRISON AVE
CITY-ST-ZIP COEUR D'ALENE, ID 83814

TITLE SD
NAME STROUD, CYNTHIA M
STREET ADDRESS 2411 E. HARRISON AVE
CITY-ST-ZIP COEUR D'ALENE, ID 83814

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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04/29/04-80102-012 158.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 24th

Daytime Phone #

208 661-1997