

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000000398

1. Entity Name
CCI OF CLEARWATER, INC.



Principal Place of Business
5217 MARYLAND WAY, SUITE 200
BRENTWOOD, TN 37027

Mailing Address
5217 MARYLAND WAY, SUITE 200
BRENTWOOD, TN 37027



03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0536456

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**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, 2005 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 REED, E. TONY
STREET ADDRESS 5217 MARYLAND WAY, SUITE 200
CITY-ST-ZIP BRENTWOOD, TN 37027

TITLE VC
NAME STOCKARD, JEFFREY
STREET ADDRESS 5217 MARYLAND WAY, SUITE 200
CITY-ST-ZIP BRENTWOOD, TN 37027

TITLE S
NAME SMITH, BRIAN
STREET ADDRESS 5217 MARYLAND WAY, SUITE 200
CITY-ST-ZIP BRENTWOOD, TN 37027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000288715
04/05/05-80021-001 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05

(65)377-5353

Date

Daytime Phone #