


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90012 023 \*\*\*158.75

**DOCUMENT # F04000002484**


1. Entity Name  
 CLEARWATER LOADERS, INC.



Principal Place of Business  
 11150 SOUTH WILCREST DRIVE  
 HOUSTON, TX 77099

Mailing Address  
 P.O. BOX 720986  
 HOUSTON, TX 77272

**DO NOT WRITE IN THIS SPACE**



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number 74-1879062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURDEN, SHANE 7607 STONE ARBOR SUGAR LAND, TX 77479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUNDY, DAVID 2702 HIGHLAND CT. SUGAR LAND, TX 77478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMSEY, BEN 10002 BALMFORTH HOUSTON, TX 77096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURDEN, SHANE 7607 STONE ARBOR SUGAR LAND, TX 77479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEEL, GENE 22611 HOLLY CREEK TR. TOMBALL, TX 77375
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSCH, KEN 7480 BEECHNUT, #337 HOUSTON, TX 77074



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**\$5.00** May Be Added to Fees

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  
 SHANE BURDEN, P.M.

Date: 1/13/07 Daytime Phone #: 281-530-9376