

**2004 F.O.R. PROFILE CORPORATION
ANNUAL REPORT**

DOCUMENT # F67364

1. Entity Name
CLEARWATER PACKAGING, INC.



Principal Place of Business
615 B GRAND CENTRAL ST.
CLEARWATER, FL ~~34616~~ US
33756

Mailing Address
615 B GRAND CENTRAL ST.
CLEARWATER, FL ~~34616~~ US
33756

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90003 014 ***150.00



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2292691

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOOVER, JON D.
1021 CHARLES ST
CLEARWATER, FL 33755

**DO NOT WRITE
IN THIS SPACE**

6. 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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOOVER, JON D.
STREET ADDRESS	1021 CHARLES ST
CITY-ST-ZIP	CLEARWATER, FL
TITLE	ST
NAME	HOOVER, KARIN
STREET ADDRESS	1021 CHARLES ST
CITY-ST-ZIP	CLEARWATER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Karin Hoover

Karin Hoover

7-6-04

727-442 2596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #