

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # G30394
1. Entity Name
CLEARWATER MANUFACTURING CO.



Principal Place of Business: 203 TOWER DR, OLDSMAR, FL 34-6777
Mailing Address: 203 TOWER DR, OLDSMAR, FL 34-6777

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2274600 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WENGLASZ, FERENC
203 TOWER DR
OLDSMAR, FL 34677

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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: _____ (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: D	NAME: WENGLASZ, FERENC STREET ADDRESS: 115 NO. DUNCAN AVENUE CITY-ST-ZIP: CLEARWATER, FL
TITLE: DST	NAME: WENGLASZ, ANNA STREET ADDRESS: 115 NO DUNCAN AVENUE CITY-ST-ZIP: CLEARWATER, FL
TITLE: D	NAME: WENGLASZ, CHARLES STREET ADDRESS: 4926 POINTE CIR CITY-ST-ZIP: OLDSMAR, FL 34677
TITLE: D	NAME: WENGLASZ, FRANK STREET ADDRESS: 210 PATRICIA AVE APT 2 CITY-ST-ZIP: CLEARWATER, FL 33765
TITLE:	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE:	NAME: STREET ADDRESS: CITY-ST-ZIP:

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04/25/05-80020-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Anna Wenglasz 4-21-05 813-818-0959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #