2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Nov 30, 2004
Secretary of State

DOCUMENT# L57623

Entity Name: FLORIDA CLEARVU CORPORATION

Current Principal Place of Business:

2770 LIME ST.
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10316
NAPLES, FL 34101

New Mailing Address:

FEI Number: 65-0176386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEFFIELD, ROBERT J
27700 LIME STREET
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: SHEFFIELD, ROBERT J
Address: 27700 LIME STREET
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP ( ) Delete
Name: SHEFFIELD, SARAH
Address: 27700 LIME STREET
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM ( ) Delete
Name: STOOPS, JAMES N
Address: 27801 LUKE ST
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: KOLBE, PATRICIA
Address: 11602 PAWLEY AVE.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. SHEFFIELD PT 11/30/2004

Electronic Signature of Signing Officer or Director Date