


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90025 046 \*\*\*\*61.25

<b>DOCUMENT # N29772</b> 1. Entity Name <b>CLEARPAC, INC.</b>					
Principal Place of Business <b>1130 CLEVELAND ST</b> <b>CLEARWATER, FL 33755 US</b>			Mailing Address <b>1130 CLEVELAND ST</b> <b>CLEARWATER, FL 33755 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0097025</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COLEMAN, ELIZABETH</b> <b>1130 CLEVELAND STREET</b> <b>CLEARWATER, FL 33755</b>			7. Name and Address of New Registered Agent Name <u>Kevin Gartland</u> Street Address (P.O. Box Number is Not Acceptable) <u>1130 Cleveland Street</u> City <u>Clearwater</u> <b>FL</b> Zip Code <u>33755</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>KEVIN O. GARTLAND</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>1-28-2008</b> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>RENFROW, JEANETTE</b> <b>1617 GULF TO BA BLVD</b> <b>CLEARWATER, FL 337556419</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>V. Raymond Ferrara</b> <b>611 Driv Rd #105</b> <b>Clearwater, FL 33765</b>
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MITCHELL, JUDY</b> <b>1475 S. BELCHER RD.</b> <b>CLEARWATER, FL 33758</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ARMSTRONG, E D</b> <b>911 CHESTNUT ST</b> <b>CLEARWATER, FL 33756</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 617, 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: <u>[Signature]</u>		<b>V. Raymond Ferrara</b>		<b>2/9/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small> <b>727-441-9022</b>	