2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000015506

1. Entity Name
CLEAR CHOICE SERVICES, INC.

Principal Place of Business	Mailing Address
24709 RODAS DRIVE BONITA SPRINGS, FL 34135	P.O. BOX 38 BONITA SPRINGS, FL 34133-0038

FILED

DO NOT WRITE IN THIS SPACE

07142005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3633812	Not Applicable

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

6. Name and Address of Current Registered Agent

OTT, KEITH
24709 RODAS DRIVE
BONITA SPRINGS, FL 34135

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 _Neva S. Ott_   _Secretary_   _12-12-05_
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00 **Due by September 7, 2005**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	OTT, KEITH
STREET ADDRESS	24709 RODAS DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

TITLE	DST
NAME	OTT, NEVA
STREET ADDRESS	24709 RODAS DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

4000060453774
10/10/05--01066--005 **550.00

4000060453774
11/10/05--01034--025 **208.75

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: _Neva S. Ott_   _12-26-05_ _7-13-05_ _239 498-5472_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

FDS 12132