

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000015506

1. Entity Name
CLEAR CHOICE SERVICES, INC.



FILED
Sep 11, 2008 08:00 AM
Secretary of State

Principal Place of Business
24709 RODAS DRIVE
BONITA SPRINGS, FL 34135

Mailing Address
P.O. BOX 38
BONITA SPRINGS, FL 34133-0038



07162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3633812	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

[Handwritten Signature]

Signature of type and printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-16-08

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OTT, KEITH 24709 RODAS DRIVE BONITA SPRINGS, FL 34135
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09/11/08-80001-008 550.00

**DO NOT WRITE
IN THIS SPACE**

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 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-
7-16-08 448 5472

Date

Daytime Phone #