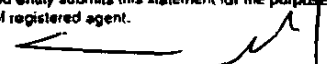
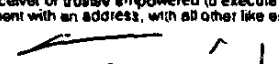


FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90002 017 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000069252			
1. Entity Name CLEAR IMAGES POOL, INC.			
Principal Place of Business 7656 WILES RD POMPANO BEACH, FL 33067		Mailing Address 11225 HAWK HOLLOW LAKE WORTH, FL 33467	
2. Principal Place of Business		3. Mailing Address 7656 Wiles Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Coral Springs, FL	
Zip	Country	Zip 33067	Country Broward
6. Name and Address of Current Registered Agent CARBO, CHRISTOPHER R 7656 WILES RD CORAL SPRINGS, FL 33067		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 		DATE 3-16-04	
NOTE: Registered Agent signature required when removing.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBO, CHRISTOPHER R 11225 HAWK HOLLOW LAKE WORTH, FL 33467 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GIACHOS, THOMIS D ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GIACHOS, Themis D. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date 3-16-04 954 227 7371	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date Daytime Phone #	

54018780



03162004 Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL Zip Code

3-16-04

NOTE: Registered Agent signature required when removing.

DATE