


FILED
Sep 13, 2005 8:00 am
Secretary of State

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DOCUMENT # P00000086762		09-13-2005 90002 001 ***150.00	
1. Entity Name N.M. OF CLEARWATER, INC.			
Principal Place of Business 414 TURNER ST. CLEARWATER, FL 33756		Mailing Address 414 TURNER ST. CLEARWATER, FL 33756	
2. Principal Place of Business 2794 Country Way Suite, Apt. #, etc.		3. Mailing Address 2794 Country Way Suite, Apt. #, etc.	
City & State Clearwater, FL Zip 33763 Country US		City & State Clearwater, FL Zip 33763 Country US	
4. FEI Number 59-3672325		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 LANIER, NANCY M 2003 MANDALAY CT. OLDSMAR, FL 34077		7. Name and Address of New Registered Agent Name Lanier, Nancy M. Street Address (P.O. Box Number is Not Acceptable) 2794 Country Way City Clearwater, FL Zip Code 33763	
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: Nancy M. Lanier, Nancy M. Lanier 9/1/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS TITLE D NAME LANIER, NANCY M STREET ADDRESS 414 TURNER ST. CITY-ST-ZIP CLEARWATER, FL 33756 [Delete] [Delete] [Delete] [Delete] [Delete]		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D P NAME Lanier, Nancy M STREET ADDRESS 2794 Country Way CITY-ST-ZIP Clearwater, FL 33763 [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition] [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: Nancy M. Lanier, Nancy M. Lanier 9/1/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			