


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P01000020952</b>	
1. Entity Name 1560 CLEARWATER, INC.	

FILED  
04 OCT -4 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 9975 COUNTY ROAD 470 BLUE RIDGE, TX 75424	Mailing Address 9975 COUNTY ROAD 470 BLUE RIDGE, TX 75424
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07012004 Chg-P CR2E034 (10/03)

4. FEI Number  
74-2992941

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

6. Name and Address of Current Registered Agent SAMPSON, RUSS 1560 MCMULLEN BOOTH #G CLEARWATER, FL 33759
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7. Name and Address of New Registered Agent Name ERIN WATSON Street Address (Do Not Acceptable) 3749 Appleton CT City Palm Harbor FL Zip Code 34684
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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: E.T. Loo  
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 8, 2004**

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	P MURDOCH, STEPHANIE 9975 COUNTY ROAD 470 BLUE RIDGE, TX 75424 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200041573582 10/04/04--01052--015 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Stephanie Murdoch 9-10-04 972-734-3680  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Stephanie Murdoch