

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000058123

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** CLEAR BLUE POOL CARE, INC.

**Current Principal Place of Business:**

805 WINONA DRIVE  
GENEVA, FL 32732

**New Principal Place of Business:**

**Current Mailing Address:**

805 WINONA DRIVE  
GENEVA, FL 32732

**New Mailing Address:**

**FEI Number:** 59-3724647

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWART, CHRISTINE  
805 WINONA DRIVE  
GENEVA, FL 32732 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SWART, CHRISTINE  
**Address:** 805 WINONA DRIVE  
**City-St-Zip:** GENEVA, FL 32732

**Title:** VP  
**Name:** SWART, DAVID  
**Address:** 805 WINONA DR  
**City-St-Zip:** GENEVA, FL 32732

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CHRISTINE M SWART

PRES

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date