


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90419 045 ***150.00

DOCUMENT # P02000000508
 1. Entity Name
KLEAR POOLS, INC.



Principal Place of Business
**30 DOUGLAS STREET
 HOMOSASSA, FL 34446**

Mailing Address
**30 DOUGLAS STREET
 HOMOSASSA, FL 34446**

2. Principal Place of Business
 Suite, Apt. #, etc.


3. Mailing Address
P.O. BOX 5081
 Suite, Apt. #, etc.

City & State
SPRING HILL, FL

Zip
34611

Country
USA

50013195



04072006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
**GRIFFIN, HENRY F
 30 DOUGLAS STREET
 HOMOSASSA, FL 34446**

4. FEI Number
69-0011108

Applied For
 Not Applicable

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

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DPTS GRIFFIN, HENRY F 30 DOUGLAS STREET HOMOSASSA, FL 34446 <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 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, name or other like empowered.

SIGNATURE:  **4-10-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #