2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2004
Secretary of State

DOCUMENT# P02000087876

Entity Name: CLEARVIEW OF SOUTH FLORIDA INC.

Current Principal Place of Business:

1949 SW LENNOX STREET
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

2220 SW TA,MPICO STREET
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

1949 SW LENNOX STREET
PORT SAINT LUCIE, FL 34953

New Mailing Address:

2220 SW TAMPICO STREET
PORT SAINT LUCIE, FL 34953

FEI Number: 02-0637555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLISON, EDWARD D
1949 SW LENNOX STREET
PORT SAINT LUCIE, FL 34953

Name and Address of New Registered Agent:

ELLISON, EDWARD D
2220 SW TAMPICO STREET
PORT SAINT LUCIE, FL 34953

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: EDWARD ELLISON 04/24/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ELLISON, EDWARD D
Address: 1949 SW LENNOX STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ELLISON, EDWARD D
Address: 2220 SW TAMPICO STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP ( ) Change (X) Addition
Name: ELLISON, HEATHER M
Address: 2220 SW TAMPICO STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: HEATHER ELLISON VP 04/24/2004
Electronic Signature of Signing Officer or Director Date