2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000099142

CLEÁR OCEAN INVESTMENTS II CORPORATION



Principal Place of Business

5959 CENTRAL AVE

SUITE 104

ST PETERSBURG, FL 33710

Mailing Address

5959 CENTRAL AVE

SUITE 104

ST PETERSBURG, FL 33710

FILED Jan 20, 2005 8:00 am **Secretary of State**

01-20-2005 90023 023 ***150.00

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No Chg-P

CR2E034 (10/03)

4.	FEI Number	
	16-1695	081

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6	. Name and Address	of Current Registe	red Agent

HAYES, GEORGE L III 5959 CENTRAL AVE

SUITE 104

ST PETERSBURG, FE 33710				IN THIS SPACE			
	Ç.			•			
The above named of the obligations of residual support to the	ntity submits this statement for th gistered agent.	e purpose of changing its registere	d office or r	egistered agent, or both, in the Sta	te of Florida. I am familiar with, and	accept	
	yped or printed name of registered agent and	title if applicable. (NOTE: Registered	l Agent signature	required when reinstating)	DATE		
	711: FEE I\$ \$150.00 005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10	OFFICERS AND DI	RECTORS		 -			
STREET ADDRESS 5959	S, GEORGE L'III CENTRAL AVE SUITE 104 TERSBURG, FL 33710						
STREET ADDRESS 5959	LL, WILLIAM H CENTRAL AVE SUITE 104 TERSBURG, FL 33710		·				
TITLE NAME STREET ADDRESS. CITY-ST-ZIP		···		DO NOT	WRITE ~		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>					į	
TITLE , NAME CTREET ADDRESS			-	e description	, , -		

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-381-902