

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000099142

1. Entity Name

CLEAR 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



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
16-1695081

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HAYES, GEORGE L III  
5959 CENTRAL AVE  
SUITE 104  
ST PETERSBURG, FL 33710

**DO NOT WRITE  
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE D  
NAME HAYES, GEORGE L III  
STREET ADDRESS 5959 CENTRAL AVE SUITE 104  
CITY - ST - ZIP ST PETERSBURG, FL 33710

TITLE D  
NAME HOWELL, WILLIAM H  
STREET ADDRESS 5959 CENTRAL AVE SUITE 104  
CITY - ST - ZIP ST PETERSBURG, FL 33710

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11/17/06 00386861  
01/15/06-80016-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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, with all other like empowered.

SIGNATURE: Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/06

Date

727-381-9020

Daytime Phone #