

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007025

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: CLEAR VIEW WINDOW INSTALLATIONS, INC.

**Current Principal Place of Business:**

3110 HALLOW DRIVE  
DELTONA, FL 32738

**New Principal Place of Business:**

**Current Mailing Address:**

3110 HALLOW DRIVE  
DELTONA, FL 32738

**New Mailing Address:**

FEI Number: 02-0669051      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HENSLEE, DAVID MICHAEL  
3110 HALLOW DRIVE  
DELTONA, FL 32738      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: PTD ( ) Delete  
Name: HENSLEE, DAVID MICHAEL  
Address: 3110 HALLOW DRIVE  
City-St-Zip: DELTONA, FL 32738

Title: V ( ) Delete  
Name: LENOVER, NATHAN D  
Address: 429 ALAFAYA BLVD, APT 4  
City-St-Zip: OVIEDO, FL 32865

Title: T (X) Delete  
Name: HENSLEE, LAURA C  
Address: 3110 HALLOW DRIVE  
City-St-Zip: DELTONA, FL 32738

Title: S (X) Delete  
Name: HENSLEE, LAURA C  
Address: 3110 HALLOW DRIVE  
City-St-Zip: DELTONA, FL 32738

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: HENSLEE, DAVID M PTD  
Address: 3110 HALLOW DRIVE  
City-St-Zip: DELTONA, FL 32738

Title: VP (X) Change ( ) Addition  
Name: HENSLEE, LAURA C VP  
Address: 3110 HALLOW DRIVE  
City-St-Zip: DELTONA, FL 32738

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID M HENSLEE

PDT

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date