

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077517

Entity Name: CLEAR SCIENCE, INC.

FILED  
Mar 26, 2008  
Secretary of State

## Current Principal Place of Business:

8241 PARKRIDGE CIRCLE N  
JACKSONVILLE, FL 32211 US

## Current Mailing Address:

P.O. BOX 11453  
JACKSONVILLE, FL 322391143 US

## New Principal Place of Business:

7801 LONESTAR RD.  
SUITE #17  
JACKSONVILLE, FL 32211 US

## New Mailing Address:

7801 LONESTAR RD.  
SUITE #17  
JACKSONVILLE, FL 32211 US

FEI Number: 55-0839070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FORD, BRUCE W  
8241 PARKRIDGE CIRCLE N.  
JACKSONVILLE, FL 32211 US

## Name and Address of New Registered Agent:

FORD, BRUCE W  
7801 LONESTAR RD.  
SUITE #17  
JACKSONVILLE, FL 32211 US

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:

03/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FORD, BRUCE W  
Address: 8241 PARKRIDGE CIRCLE N.  
City-St-Zip: JACKSONVILLE, FL 32211

Title: STD ( ) Delete  
Name: FORD, JENNIFER M  
Address: 8241 PARKRIDGE CIRCLE N.  
City-St-Zip: JACKSONVILLE, FL 32211

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change ( ) Addition  
Name: FORD, JENNIFER M  
Address: 8241 PARKRIDGE CIRCLE N.  
City-St-Zip: JACKSONVILLE, FL 32211

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: BRUCE W. FORD

PD

03/26/2008

Electronic Signature of Signing Officer or Director

Date