


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90019 010 \*\*\*150.00

<b>DOCUMENT # P03000107524</b> 1. Entity Name <b>CLEARWATER INTERNATIONAL, INC.</b>					
Principal Place of Business <b>1038 RIDGEMOUNT PLACE</b> <b>HEATHROW, FL 32746 US</b>			Mailing Address <b>P.O. BOX 691568</b> <b>ORLANDO, FL 32868 US</b>		
2. Principal Place of Business <b>35 Watergate Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>35 Watergate Dr.</b> Suite, Apt. #, etc.			
City & State <b>Sarasota, FL</b> Zip <b>34236</b>		City & State <b>Sarasota, FL</b> Zip <b>34236</b>		4. FEI Number <b>87-0709843</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ADAMS, WENDELL B</b> <b>1038 RIDGEMOUNT PLACE</b> <b>HEATHROW, FL 32746</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>35 Watergate Dr. SUITE 703</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34236</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<div style="text-align: right; font-size: 1.2em;"> <b>Did not receive original notice. Enclosed is check for \$150.00</b> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ADAMS, WENDELL B</b> <b>P.O. BOX 1568</b> <b>WINDEMERE, FL 34786</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>35 Watergate Dr.</b> <b>Sarasota, FL 34236</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>Wendell B. Adams</u> Wendell B. Adams 6/4/04 (941) 726-0600</b> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date</span> <span>Daytime Phone #</span> </div>					