

2004 FOR PROFIT CORPORATION ANNUAL REPORT

PENDING
04-30-2004 90423 001 *2,100.00
P03000124055

DOCUMENT # P03000124055

1. Entity Name
CLEAR VIEW PRODUCTS, SOUTHEAST, INC.



Principal Place of Business
**1301 RIVERPLACE BLVD STE 2450
RIVERPLACE TOWER
JACKSONVILLE, FL 32207**

Mailing Address
**%ANSBACHER & MCKEEL, P.A.
1301 RIVERPLACE BLVD STE 2450
JACKSONVILLE, FL 32207-9047**

FILED

04 JUN -3 AM 4:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



02052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4269895

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANNSBACHER & MCKEEL, P.A.
1301 RIVERPLACE BLVD STE 2450
JACKSONVILLE, FL 32207-9047**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DIKUNOVA, EMILIA**
CITY-STATE-ZIP **1301 RIVERPLACE BLVD STE 2450
JACKSONVILLE, FL 32207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GRUBB, DARRYL**
CITY-STATE-ZIP **1301 RIVERPLACE BLVD STE 2450
JACKSONVILLE, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

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:

EMILIA DIKUNOVA

04-04-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #