

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124963

FILED  
Mar 16, 2010  
Secretary of State

Entity Name: ALL CLEAR WATER SERVICE INC.

## Current Principal Place of Business:

AQUA CARE  
5485 LEE STREET UNIT 11  
LEHIGH ACRES, FL 33971

## New Principal Place of Business:

AQUA CARE  
603-A LEONARD BLVD  
LEHIGH ACRES, FL 33971

## Current Mailing Address:

AQUA CARE  
5485 LEE STREET UNIT 11  
LEHIGH ACRES, FL 33971

## New Mailing Address:

AQUA CARE  
603-A LEONARD BLVD  
LEHIGH ACRES, FL 33971

FEI Number: 20-0276961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAY, EDWARD L  
5485 LEE STREET UNIT 11  
LEHIGH ACRES, FL 33971 US

## Name and Address of New Registered Agent:

SAY, EDWARD L  
603-A LEONARD BLVD  
LEHIGH ACRES, FL 33971 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:

03/16/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD  
Name: SAY, EDWARD L  
Address: 4904 BEAUTY ST  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VD  
Name: SAY, CLIFTON L  
Address: 3815 SE 18TH PL  
City-St-Zip: CAPE CORAL, FL 33904

Title: STD  
Name: SAY, CAROL A  
Address: 4904 BEAUTY ST  
City-St-Zip: LEHIGH ACRES, FL 33971

I hereby 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 all other like empowered.

SIGNATURE: EDWARD L. SAY

PRES

03/16/2010

Electronic Signature of Signing Officer or Director

Date