

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90015 001 ***150.00

DOCUMENT # P04000022910

1. Entity Name
CLEAR VISION PROPERTIES, INC.



Principal Place of Business

435 S RIDGEWOOD AVE #210
DAYTONA BEACH, FL 32114

Mailing Address

435 S RIDGEWOOD AVE #210
DAYTONA BEACH, FL 32114

40007849

2. Principal Place of Business

3527 F Forest Branch Dr.
Suite, Apt. #, etc.

3. Mailing Address

3527 F. Forest Branch Dr.
Suite, Apt. #, etc.



01102005

Chg-P

CR2E034 (10/03)

City & State

Port Orange, FL

City & State

Port Orange, FL

4. FEI Number

20-0622124

Applied For

Not Applicable

Zip

Country

32129

US

Zip

Country

32129

US

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

TRIPP, STEPHEN
3527 F FOREST BEACH
PORT ORANGE, FL 32129

Branch Dr.

7. Name and Address of New Registered Agent

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P.V.P., S., Tr. Stephen Tripp 3527 F. Forest Branch Dr. Port Orange, FL 32129

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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☐ Delete

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

CITY-ST-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:

Stephen M. Tripp

STEPHEN M. TRIPP

1-24-05

386-761-3707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #