

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000075746

1. Entity Name
CLEARVIEW LAKEFRONT CLEANING, INC.



Principal Place of Business
309 AVE G, SE
WINTER HAVEN, FL 33880

Mailing Address
309 AVE G, SE
WINTER HAVEN, FL 33880

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

1400 E Lk Silver Dr. NE

Suite, Apt. #, etc.

1400 E Lk Silver Dr. NE

City & State

Winter Haven F1

City & State

Winter Haven F1

Zip

33881

Country

33881

Zip

33881

Country

6. Name and Address of Current Registered Agent

STEWART, DAVID D
309 AVE G, SE
WINTER HAVEN, FL 33880

David Stewart

1400 East Lake Silver Dr. N.E.
Winter Haven, FL 33881

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, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PRES STEWART, DAVID D 309 AVE G, SE WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1400 E Lk Silver Dr NE Winter Haven F1 33881	<input checked="" 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
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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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-292-2302

03/17/2008

Date

Daytime Phone #