

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90018 047 \*\*\*158.75

<b>DOCUMENT # P04000075746</b>			
<b>1. Entity Name</b> CLEARVIEW LAKEFRONT CLEANING, INC.			
<b>Principal Place of Business</b> 309 AVE G, SE WINTER HAVEN, FL 33880		<b>Mailing Address</b> 309 AVE G, SE WINTER HAVEN, FL 33880	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc. 1400 E Lk Silver Dr. NE		Suite, Apt. #, etc. 1400 E Lk Silver Dr NE	
City & State Winter Haven FL		City & State Winter Haven FL	
Zip 33881		Zip 33881	
<b>Country</b>		<b>Country</b>	
<b>4. FEI Number</b> 16-1775852		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
STEWART, DAVID D 309 AVE G, SE WINTER HAVEN, FL 33880		David Stewart 1400 East Lake Silver Dr. N.E. Winter Haven, FL 33881	
<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.</b>		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES STEWART, DAVID D 309 AVE G, SE WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1400 E Lk Silver Dr NE Winter Haven FL 33881	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		863-292-2302 03/17/2008 <small>Date Daytime Phone #</small>	