

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90142 047 ***150.00

DOCUMENT # P04000120782

1. Entity Name
PERFECTLY CLEAR H20, INC.



Principal Place of Business
**378 N. LAKE BLVD
STE 119
NORTH PALM BEACH, FL 33408**

Mailing Address
**378 N. LAKE BLVD
STE 119
NORTH PALM BEACH, FL 33408**

50063654



2. Principal Place of Business
1499 SW 30 Ave #

3. Mailing Address
1499 S.W 30 Ave

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
Suite #1

08122005 Chg-P CR2E034 (10/03)

City & State
Boynton Bch

City & State
Boynton Bch

Zip
33426

Country
USA

Zip
33426

Country
USA

4. FEI Number
050607944

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132**

7. Name and Address of New Registered Agent
Name
Douglas Brewster
Street Address (P.O. Box Number is Not Acceptable)
1499 S.W 30 Ave Suite #1
City
Boynton Bch FL Zip Code
33426

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 **President** 8/23/05
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 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BREWSTER, DOUGLAS 378 N. LAKE BLVD STE 119 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Douglas Brewster 1499 S.W 30 Ave Suite #1 Boynton Bch, FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HAGMANN, CASSIES 378 N. LAKE BLVD STE 119 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P Cassie Hagmann 1499 S.W 30 Ave Suite #1 Boynton Bch, FL 33426 <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	Tres Douglas Brewster 1499 S.W 30 Ave Suite #1 Boynton Bch, Fla 33426 <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	Sec Cassie Hagmann 1499 S.W 30 Ave Suite #1 Boynton Bch, FL 33426 <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
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 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: **President** 8/23/05 (561) 732-9552
Signature and typed or printed name of signing officer or director Date Daytime Phone #