


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90091 013 ***150.00

DOCUMENT # <i>P04000137812</i>	
1. Entity Name <i>CLearly Custom Automotive inc.</i>	

DO NOT WRITE IN THIS SPACE

20015364

2. Principal Place of Business <i>5190 Cracker Swamp Rd.</i> Suite, Apt. #, etc.	3. Mailing Address <i>5190 Cracker Swamp Rd.</i> Suite, Apt. #, etc.
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CR2E034B (8/05)

City & State <i>HASTINGS FL.</i>	City & State <i>HASTINGS FL.</i>
Zip <i>32145</i>	Zip <i>32145</i>
Country <i>USA.</i>	Country <i>USA.</i>

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>Jerry Sarnowski</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>5190 Cracker Swamp Rd.</i>	
<i>5190 Cracker Swamp Rd.</i>	
City <i>HASTINGS</i>	FL Zip Code <i>32145</i>

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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	<i>P Jerry Sarnowski 5190 Cracker Swamp Rd. HASTINGS FL 32145</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jerry Sarnowski* *Jerry Sarnowski* *3-9-06* *904.692.4050*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #