

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90040 014 ***150.00

DOCUMENT # P05000083656																													
1. Entity Name CLARAVISTA, INC.																													
Principal Place of Business 1667 HILLVIEW STREET SARASOTA, FL 34239			Mailing Address 1667 HILLVIEW STREET SARASOTA, FL 34239																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number 20-2975049																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
City & State		City & State		6. Name and Address of Current Registered Agent PINDER, CLIFFORD 8013 VIA FIORE SARASOTA, FL 34238																									
Zip		Country		7. Name and Address of New Registered Agent Name CLIFFORD PINDER Street Address (P.O. Box Number is Not Acceptable) 1667 HILLVIEW STREET City SARASOTA FL Zip Code 34239																									
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 <u><i>Clifford T. Pinder</i></u> Clifford T. Pinder 2-26-08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
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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: <u><i>Clifford T. Pinder</i></u> Clifford T. Pinder 941 952-3821 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													