

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092650

FILED  
May 04, 2009  
Secretary of State

Entity Name: CLEAR VIEW ENTERPRISES, INC.

## Current Principal Place of Business:

P.O. BOX 1394  
YULEE, FL 32041 US

## New Principal Place of Business:

96198 STONEY GLEN CT  
YULEE, FL 32097 US

## Current Mailing Address:

P.O. BOX 41285  
JACKSONVILLE, FL 32203 US

## New Mailing Address:

FEI Number: 20-3072655      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMALL BUSINESS ASSOCIATES, INC.  
4070 HERSCHEL STREET  
SUITE 1  
JACKSONVILLE, FL 32210 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DIKUN, PETER  
Address: P.O. BOX 1394  
City-St-Zip: YULEE, FL 32041 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DIKUN, PETER  
Address: 96198 STONEY GLEN CT  
City-St-Zip: YULEE, FL 32097 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER DIKUN

MR

05/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date