2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 03, 2008 08:00 AN Secretary of State **DOCUMENT # P06000003528** Entity Name CLEAR SITE CONSTRUCTION, INC. Principal Place of Business Mailing Address 3825 MAGNOLIA WAY 3825 MAGNOLIA WAY PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 02042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4172397 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POPOVICH, BRETT DO NOT WRITE 3825 MAGNOLIA WAY PUNTA GORDA, FL 33950 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. U00000879727 **PSTD** TITLE 04/15/08-80031-015 150.mm NAME POPOVICH, BRETT STREET ADDRESS 3825 MAGNOLIA WAY CITY-ST-ZIP PUNTA GORDA, FL 33950 TITLE VΡ NAME POPOVICH, CAROLANN STREET ADDRESS 3825 MAGNOLIA WAY CITY - ST - ZIP PUNTA GORDA, FL 33950 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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 cath; 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

opovich Hos. 4/3/08

941-916-5543

Daytime Phone #

FILED