## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P06000090478



**FILED** Jul 25, 2007 8:00 am Secretary of State

1. Enlity Name CLEARWATER ELECTRIC, INC.							07-25-2007 90044 035 ***150.00				
Principal Place of Business Mailing Address											
2455 SPINAKER COURT PALM HARBOR, FL 34683			2455 SPINAKER COURT Palm Harbor, FL 34683								
2. Principal Pl	ace of Business - No f	P.O. Box # 3	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07092007	Chg-P	CR2E	34 (12/06)		
City & State			City & State			4. FEI Numbe	er		H # H	plied For t Applicable	
Zìp	Country		Zip Count		try	5. Certificate of Status Desired Status Desired Fee Required					
6. Name and Address of Current			istered Agent	7. Name and Address of New Registered Agent Name							
SLATTERY, ANNA 2455 SPINAKER COURT PALM HARBOR, FL 34683					Street Address (P.O. Box Number is Not Acceptable)						
1					City			FL	Zip Code	,	
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 Signature, typed or printed name of registered agent and 6the if applicable. (NOTE: Registered Agent signature)						when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00  Due by September 14, 2007  9. Election Campaign Finar Trust Fund Contribution.						.00 May Be ed to Fees	In accordance w corporation did i	rith s. 607 not receiv	7.193(2)(b), l ve the prior r	F.S., the lotice.	
10.		OFFICERS AND DIR	ECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AN	D DIRECTORS	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	D VISIOUM SLATTERY, MATT 2455 SPINAKER C PALM HARBOR, F	HEW COURT	Delete		i i				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIU - Prisident Delete III SLATTERY, ANNA No. 2455 SPINAKER COURT ST								☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TALWITANBON, T	L 34003	☐ Delete	TITLE NAMI STRE	<u> </u>				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				Change	☐ Addition	
THLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 1909	☐ Defete	CITY	E ET <b>Adoress</b> -ST-Z#P				Change	Addition	
indicated	on this report or supple	emental report is tru	s filing does not qualify for e and accurate and that re red to execute this report	ny signa	ture shall have the	same legal effe	ct as if made under o	oath; that I	am an officer	or director	

Anna C. Slattery 7/19/07 727-412-4645

SIGNATURE: \_