2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Feb 23, 2007 8:00 am Secretary of State DOCUMENT # P15941 02-23-2007 90042 003 \*\*\*150.00 CLEARWATER ACQUISITION CORP. Principal Place of Business Mailing Address 6210 COMMERCIAL WAY 2542 WILLIAMS BLVD **BROOKSVILLE FL 19801** ATTN: LEGAL DEPT. KENNER LA 70062 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 72-1101030 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 title it applicable (NOTE Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. BBB ☐ Delete ви Change Ch ■ Addition THOMAS A. MASILLA, JR. Masilla. Thomas A. Jr. NAMI NAME 2542 WILLIAMS BLVD. STREET ADDRESS STREET ADDRESS 2542 Williams Blvd. Kenner, LA 70062 KENNER LA COY-SE ZIP CITY ST-ZIP TITLE ☐ Delete шп Change ☐ Addition CHERAMIE, GUY M NAMI NAME 2542 WILLIAMS BLVD STREET ADDRESS STREET ADDRESS KENNER LA 70062 CHY-ST-ZIP CHY SI-ZIP TS mili Delete ш □ Change ☐ Addition NAML CHERAMIE, GUY M NAMI STREET LANDRESS 2542 WILLIAMS BLVD STREET ADDRESS KENNER LA 70062 CHY ST ZIP CHY-St-ZIP ШЦ ☐ Delete um Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CDY SL ZIP CHY ST ZIP 1110 ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADORESS CHY SI-ZIP CHY SI ZIP HHE ☐ Delete HILLE ☐ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-SE-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**FILED**