

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000001143

Entity Name: CLEARLAKE VENTURE, INC.

FILED  
Mar 01, 2009  
Secretary of State

## Current Principal Place of Business:

1381-91 CLEARLAKE RD.  
COCOA, FL 32922

## New Principal Place of Business:

## Current Mailing Address:

3815 SUNWARD DR.  
MERRITT ISLAND, FL 32953

## New Mailing Address:

FEI Number: 59-3161347

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DERMER, NORMAN  
3815 SUNWARD DR.  
MERRITT ISLAND, FL 32953 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: DERMER, NORMAN  
Address: 3815 SUNWARD DR.  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VPS ( ) Delete  
Name: DERMER, BERNICE  
Address: 3815 SUNWARD DR.  
City-St-Zip: MERRITT ISLAND, FL 32953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NORMAN DERMER

PRES

03/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date