

286 **2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED

Mar 10, 2005 08:00 AM

Secretary of State

DOCUMENT # P94000013459

1. Entity Name

CHILDRENS PLACE OF CLEARWATER, INC.



Principal Place of Business

**707 DRUID ROAD EAST
CLEARWATER FL 33756
US**

Mailing Address

**707 DRUID ROAD EAST
CLEARWATER FL 33756
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0571901

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HANLEY, JOHN P
707 DRUID ROAD EAST
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HANLEY, KAY K
STREET ADDRESS 707 DRUID ROAD EAST
CITY-ST-ZIP CLEARWATER FL 33756

TITLE VD ☐ Delete
NAME ROBINSON, ANN
STREET ADDRESS 707 DRUID ROAD EAST
CITY-ST-ZIP CLEARWATER FL 33756

TITLE STD ☐ Delete
NAME HANLEY, JOHN P
STREET ADDRESS 707 DRUID ROAD EAST
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000258297
CITY-ST-ZIP 03/10/05-20034-023 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

Signature of John P. Hanley, MD

JOHN P. HANLEY, MD

3/6/05

727-443-2679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #