
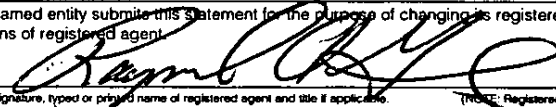


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90171 023 ***158.75

DOCUMENT # P94000087240 1. Entity Name CLEARSHIELD OF INDIAN RIVER COUNTY, INC.																																			
Principal Place of Business 9015 17TH PLACE VERO BEACH, FL 32966		Mailing Address 9015 17TH PLACE VERO BEACH, FL 32966																																	
2. Principal Place of Business 16 N. OLEANDER ST.		3. Mailing Address P.O. BOX 617																																	
Suite, Apt. #, etc. UNIT 15		Suite, Apt. #, etc. 																																	
City & State FEELSMERE, FL.		City & State FEELSMERE, FL.																																	
Zip 32948		Zip 32948																																	
Country		Country																																	
4. FEI Number 65-0541655		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent RAYMOND A GROUND 1385 SCROLL STREET SEBASTIAN, FL 32958		7. Name and Address of New Registered Agent Name RAY BROWN Street Address (P.O. Box Number is Not Acceptable) 16 N. OLEANDER ST. UNIT 15 City FEELSMERE FL Zip Code 32948																																	
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  PRES. 4/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%;"> DPST GROUND, RAYMOND A 1385 SCROLL ST. SEBASTIAN, FL <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST GROUND, RAYMOND A 1385 SCROLL ST. SEBASTIAN, FL <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 corporations.																																			
SIGNATURE: 		4/19/05 772-562-8899 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>																																	