## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000092036

Entity Name: CLEARWATER GAZETTE & BEACH VIEWS, INC.

FILED Mar 02, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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25 CAUSEWAY BLVD SUITE 32

CLEARWATER BEACH, FL 33767

Current Mailing Address: New Mailing Address:

PO BOX 3025 CLEARWATER BEACH, FL 33767 PO BOX 3025 SUITE 32

CLEARWATER BEACH, FL 33767

FEI Number: 59-3573504 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POLLICK, CHARLES J POLLICK, SANDRA L 25 CAUSEWAY BLVD 25 CAUSEWAY BLVD SUITE 32 SUITE 32

SUITE 32 SUITE 32
CLEARWATER BEACH, FL 33767 US CLEARWATER BEACH, FL 33767 US

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: SANDRA L POLLICK 03/02/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Delete Title: ( ) Change ( ) Addition Name: POLLICK, CHARLES JOHN Name:

Address: 414 BELLE ISLE Address: City-St-Zip: BELLEAIR BEACH, FL 33786 City-St-Zip:

Title: ST () Delete Title: P/S (X) Change () Addition

Name:POLLICKM SANDRA L,Name:SANDRA, POLLICK LAddress:414 BELLE ISLE414 BELLE ISLECity-St-Zip:BELLEAIR BEACH, FL 33786City-St-Zip:BELLEAIR BEACH, FL 33786

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDRA L POLLICK P 03/02/2004