

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000037277

1. Entity Name

CLEARWATER FINANCIAL INVESTMENTS, INC.



Principal Place of Business

210 DOUGLAS RD. EAST  
OLDSMAR, FL 34677

Mailing Address

9430 TALL PINES WAY  
PIQUA, OH 45356 US



02082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3316053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1100000227156  
02/12/05-80044-018 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME JENNINGS, JAMES D  
STREET ADDRESS 7183 JORDON RD.  
CITY - ST - ZIP LEWISBURG, OH 45338

TITLE D  
NAME WILKERSON, DALE H  
STREET ADDRESS 8108 BENTBROOK PLACE  
CITY - ST - ZIP PEWEE VALLEY, KY 40056

TITLE D  
NAME JOHNSTON, TIMOTHY  
STREET ADDRESS 9430 TALL PINES WAY  
CITY - ST - ZIP PIQUA, OH 45356

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Timothy Johnston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-05

Date

937-898-0826 JTB/H

Daytime Phone #