

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000070068

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: CLEARWATER SYSTEMS, FLORIDA DIVISION, INC.

**Current Principal Place of Business:**

2181 ST. JOHN'S BLUFF RD S  
JACKSONVILLE, FL 322462309 US

**New Principal Place of Business:**

**Current Mailing Address:**

1411 VERNON ODOM BLVD.  
AKRON, OH 44320

**New Mailing Address:**

FEI Number: 59-3337889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CEO ( ) Delete  
Name: HORN, ELLERY  
Address: 1411 WOOSTER AVENUE  
City-St-Zip: AKRON, OH 44320

Title: P ( ) Delete  
Name: ABEL, RICHARD  
Address: 1411 WOOSTER AVENUE  
City-St-Zip: AKRON, OH 44320

Title: VPF ( ) Delete  
Name: SCHMIDT, JAMES T  
Address: 1411 WOOSTER AVE  
City-St-Zip: AKRON, OH 44320

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: JAMES T. SCHMIDT

VPF

01/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date