## 2005 FOR PROFIT CORPORATION

## Sep 06, 2005 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P96000048243 09-06-2005 90140 032 \*\*\*150.00 1. Entity Name CLEARVIEW FINANCIAL CORPORATION Principal Place of Business Mailing Address 13825 ICOT BLVD 13825 ICOT BLVD **SUITE #604 SUITE #604** CLEARWATER, FL 33760 CLEARWATER, FL 33760 2. Principal Place of Business 3. Mailing Address 14175 Icor Blud 14175 Icar Suite, Apt. #, etc. Suite, Apt. #, etc. 06282005 CR2E034 (10/03) uite 100 Suite 100 City & State 4. FEI Number Applied For learwATER, FL 33760 59-3380471 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REDMOND, JOHN C Street Address (P.O. Box Number is Not Acceptable) 13825 ICOT BLVD **SUTIE #604** CLEARWATER, FL 33760 City Zip Code FL 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Change REDMOND, JOHN C NAME NAME Blud. 13825 ICOT BLVD STE #604 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33760 CHY-\$1-78 37760 TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CtTY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE Change Addition NAME NAME

12. 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 encowered.

STREET ADDRESS

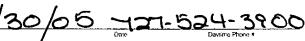
CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY+ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



**FILED**