

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 08, 2004 08:00 AM
Secretary of State**

DOCUMENT # P96000078147

1. Entity Name
CLARITY CREDIT CORPORATION



Principal Place of Business
**311 PARK PLACE BLVD.
#100
CLEARWATER, FL 33759**

Mailing Address
**311 PARK PLACE BLVD.
#100
CLEARWATER, FL 33759**

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0696876** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOODWIN, JAMES W
400 NORTH TAMPA STREET
SUITE 2300
TAMPA, FL 33602**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**

**U000000106351
04/08/04-80038-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CCEO
THOMPSON, JACK
311 PARK PLACE BLVD., #100
CLEARWATER, FL 33759**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**EVP
PRIVITERA, JOSEPH M
311 PARK PLACE BLVD., #100
CLEARWATER, FL 33759**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VCFO
FRANKEL, TODD C
311 PARK PLACE BLVD., #100
CLEARWATER, FL 33759**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04

727 796 3000

Date

Daytime Phone #