2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 13, 2007 08:00 AM Secretary of State **DOCUMENT # P97000009526** 1. Entity Name CLEÁR WATER POOL SERVICE OF SARASOTA, INC. Principal Place of Business Mailing Address 4971 SOUTHERN WOOD DR 4971 SOUTHERN WOOD DR SARASOTA, FL 34241 SARASOTA, FL 34241 CR2E034 (11/05) 01252007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0717089 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCCAULEY, MARK DO NOT WRITE 4971 SOUTHERN WOOD DR SARASOTA, FL 34241 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 Fiorida. I am familiar with, and accept the obligations of registered agent, SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME MCCAULEY, MARK STREET ADDRESS 4971 SOUTHERN WOOD DR CITY-ST-ZIP SARASOTA, FL 34239 U00000634314 TITI F 02/22/07-80004-023 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING FICER OR DIRECTOR

PRES.

7/32/07

Daytime Phone #

FILED