## FFF CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT #POr 1. Entity Name



SECRETARY OF STATE

Clear View Pool Sic Inc.						07 APR -5 PM 1: 38			
[	DO NOT WRITE	IN THIS	SPAC	Œ					
121 Principal Pl	lace of Business 2720 WAY N.	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CR2E037B (8/05)			
City & State	water FT.	CIEN EWATER #1				4. FEI Number 59 - 3234892 Applied For Not Applicable			
33700 U.S.		33760	33760 P.S.			5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of Current Registered Agent			
				Name		7. Name and Addre	ess of Current Registere	d Agent	
DO-NOT-WRITE Street Actives						Pro Box Humber o	Act Acceptable)	-	
IN THIS SPACE									
	114 11110 017			Citn	150	mente	p FL	Zip	9000 DO
8. The above	named entity submits this statement for	the purpose of chang	ina its reaiste	red office or	register	ed agent, or both, in	<b>.</b>	familiar v	vith, and accept
	ions of registered agent.				-3				
0,0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1						04/18/07	0972937 01005025	**158	3.75
SIGNATURE -	Signature, typed or printed name of registered agent an		(NOTE Register	red Agent signatu	ne required	when reinstating)	DATE		
FEE IS 150.00 9. Election Camp Initial or Amended AR Trust Fund Co			. •	_		\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIRI	CTORS							
NAME STREET ADDRESS CITY-ST-ZIP	Duffett Thead 14783 6380 WA Clenewater Fl.	1975. 33760	•	1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1					
TITLE			ТІТ	ı					
STREET ADDRESS CITY-ST-ZIP				ME REET ADDRESS TY-ST-ZIP		DO	NOT WRI	TE	
TITLE		<del></del>	TIT	Œ		IN T	THIS SPA	CE	
NAME STREET ADDRESS CITY-ST-ZIP			\$17	ME Reet address TY-ST-ZIP		111	IIIIO OFA		
TITLE			TIT						
NAME STREET ADDRESS				ME REET ADDRESS					•
CITY-ST-ZIP				ry-st-zip					
TITLE NAME STREET ADDRESS				ILE IME REET ADDRESS					

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X Thompher & Rolling