2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P970000507661. Entity Name

US

CLEAR VIEW POOL SERVICE INC.

US

FILED Apr 11, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

14783 63RD WAY NORTH CLEARWATER, FL 33760 14783 63RD WAY NORTH CLEARWATER, FL 33760

DO NOT WRITE IN THIS SPACE

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3234892 Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUFFETT, THEODORE 14783 63RD WAY NORTH CLEARWATER, FL 34620

DO NOT WRITE IN THIS SPACE

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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 sig				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	TORS	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUFFETT, THEODORE 14783 63RD WAY NORTH CLEARWATER, FL 33760				. /
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000892656 04/23/08-80073-019 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN [*]	THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-7IP					-

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIPACIFICER OR DIRECTOR

4 6 08 (727) 524-68 P