


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000053622 1. Entity Name CLEARVIEW HOLDINGS, INC.	
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Principal Place of Business C/O SANDRA READ 410 WINDWARD PASSAGE CLEARWATER, FL 33767 US	Mailing Address C/O ACCOUNTABLES INC. 12157 W. LINEBAUGH AVE. #306 TAMPA, FL 33626-1732 US
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**DO NOT WRITE IN THIS SPACE**



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0926054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

LIMMER, RICHARD F  
12157 W. LINEBAUGH AVE.  
#306  
TAMPA, FL 33626-1732

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000321687  
04/21/05-80088-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY ST ZIP	D AMAN, BAL 294 FERN FOREST DRIVE BRAMPTON, ON L6R 1B5
TITLE NAME STREET ADDRESS CITY ST ZIP	PTS READ, SANDRA 410 WINDWARD PASSAGE CLEARWATER, FL 33767
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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

April 18/05 727 443 3174  
Date Daytime Phone #