

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S66195**

1. Entity Name  
**A PERFECTLY CLEAR SOLUTION, INC.**



Principal Place of Business

**465 NE 36 ST  
BOCA RATON, FL 33431**

Mailing Address

**465 NE 36 ST  
BOCA RATON, FL 33431**

**DO NOT WRITE IN THIS SPACE**



08152005 No Chg-P CR2E034 (10/03)

4. FEI Number

**59-3132077**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CASSIDY, MARIE A  
465 NE 36 STREET  
BOCA RATON, FL 33431**

**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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	CASSIDY, MARIE
STREET ADDRESS	465 NE 36 STREET
CITY- ST- ZIP	BOCA RATON, FL 33431
TITLE	S
NAME	CASSIDY, MARIE
STREET ADDRESS	465 NE 36 STREET
CITY- ST- ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1000000377318  
08/29/05-80004-012 150.00

**DO NOT WRITE  
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:

*Marie A Cassidy* **MARIE A Cassidy Pres**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*8-22-05* **8-22-05** *361* **917-7394**