2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # S97686

1. Entity Name

CLEARWATER UNDERWRITERS, INC.



Principal Place of Business

50 S BELCHER RD STE 101

CLEARWATER, FL 33765

Mailing Address

50 S BELCHER RD

STE 101

CLEARWATER, FL 33765

FILED Jul 24, 2006 8:00 am Secretary of State

07-24-2006 90006 011 ***158.75

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07172006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3079440

Not Applicable

Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATERS, DONALD E., JR. 50 S BELCHER RD **SUITE 101** CLEARWATER, FL 33765

DO	NOT	WRITE	
IN T	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	required when reinstating)	DATE				
•							
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finan Trust Fund Contribution. Trust Fund Contribution.		icing	\$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.			
Di	ue by September 6, 2006	Trast rang Contribution.		Added to Fees	corporation did not receive the phor notice.		
10.	OFFICERS AND DIRE	CTORS			<u></u>		
TITLE	D						
NAME	WATERS, DONALD E JR						
STREET ADDRESS	SS 50 SOUTH BELCHER ROAD - SUITE 101						
CITY-ST-ZIP	CLEARWATER, FL 33765						
TITLE	D		1				
NAME	WATERS, WILLIAM GUY						
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	VICE Plesident operations						
NAME	Headhar Waters						
STREET ADDRESS	50 South Balcher Rd Ste 101			DO NOT WRITE			
CITY-ST-ZIP							
TITLE	•		1	IAI '	THIS SDACE		
NAME				IIV	THIS SPACE		
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CITY-ST-ZIP							
TITLE			1				
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							

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

STREET ADDRESS CITY-ST-ZIP

727-791-6030

Date

Daytime Phone #