## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97686

Entity Name: CLEARWATER UNDERWRITERS, INC.

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
50 S BELC STE101		Ш		50 S BELC STE 101			
CLEARWA	TER, FL 33765	US		CLEARWA	TER, FL 33765	US	
Current Mailing Address:				New Mailing Address:			
50 S BELC STE 101 CLEARWA	HER RD TER, FL 33765	US		50 S BELC STE101 CLEARWA	HER RD .TER, FL 33765	US	
FEI Number:	59-3079440 I	FEI Number Applied For()	FEI Nun	nber Not Appli	icable ( )	Certificate of Status	Desired (X)
Name and	Address of Cur	rent Registered Agent:		Name and	Address of Ne	w Registered Ag	ent:
50 S BELC SUITE 101	DONALD E., JR. HER RD TER, FL 33765	US					
The above in the State		mits this statement for the pu	ırpose o	f changing it	ts registered offi	ce or registered a	gent, or both,
SIGNATUR	RE:						
	Electronic	Signature of Registered Ager	nt			Date	
Election Can	npaign Financing Tr	ust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( ) De WATERS, DONALD 50 SOUTH BELCHI CLEARWATER, FL	) E JR ER ROAD - SUITE 101		Title: Name: Address: City-St-Zip:	() C	hange ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () De WATERS, WILLAM 50 SOUTH BELCHI CLEARWATER, FL	I GUY ER ROAD - SUITE 101		Title: Name: Address: City-St-Zip:	()C	hange ( ) Addition	
Title: Name: Address: City-St-Zip:	VPOS () De WATERS, HEATHE 50 SOUTH BELCHI CLEARWATER, FL	R ER RD STE 101		Title: Name: Address: City-St-Zip:	( ) C	hange ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () De GILL, DARLENE 50 S. BELCHER RI CLEARWATER, FL	D STE 101		Title: Name: Address: City-St-Zip:	VP (X) C NELLER, WADE 50 S BELCHER R CLEARWATER, F		
Title: Name: Address: City-St-Zip:	VP (X) De CROYLE, PATRICI 50 S. BELCHER RI CLEARWATER, FL	A D STE 101		Title: Name: Address: City-St-Zip:	()C	hange ()Addition	
Title: Name: Address: City-St-Zip:	VP (X) De NELLER, WADE 50 S. BELCHER RI CLEARWATER, FL	D STE 101		Title: Name: Address: City-St-Zip:	()C	hange ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM GUY WATERS VP 01/20/2009