

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000096483

Entity Name: 10810 CLEARWATER INC**Current Principal Place of Business:**10810 US HWY 19 N
CLEARWATER, FL 33764**Current Mailing Address:**10820 US HWY 19 N
CLEARWATER, FL 33764 US**FEI Number:** 83-2620693**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHECHNER, STEVEN A
710 BOCA CIEGA ISLE DR
ST PETE BEACH, FL 33706 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	SCHECHNER, STEVEN
Address	710 BOCA CIEGA ISLE DR
City-State-Zip:	ST PETE BEACH FL 33706

Title	VP
Name	SCHECHNER, JARRETT
Address	2027 DOLPHIN BLVD S
City-State-Zip:	ST PETERSBURG FL 33707

Title	VP
Name	SCHECHNER, JEREMY
Address	14069 WHISPERWOOD DR
City-State-Zip:	CLEARWATER FL 33762

Title	VP
Name	SCHECHNER, WENDY
Address	14069 WHISPERWOOD DR
City-State-Zip:	ST PETERSBURG FL 33762

Title	VP
Name	SCHECHNER, DEBORAH
Address	710 BOCA CIEGA ISLE DR
City-State-Zip:	ST PETE BEACH FL 33706

I hereby 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 all other like empowered.

SIGNATURE: STEVEN SCHECHNER**PRESIDENT****03/19/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date