## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000079527

Entity Name: SPARKLEAN OF CENTRAL FLORIDA, INC.

2749 FALLING TREE CIR

ORLANDO, FL 32837

Address:

City-St-Zip:

FILED Mar 05, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2749 FALLING TREE CIR ORLANDO, FL 32837 **Current Mailing Address: New Mailing Address:** 2749 FALLING TREE CIR ORLANDO, FL 32837 FEI Number: 59-3664930 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAHONEY, BILLIE J 2749 FALLING TREE CIR ORLANDO, FL 32837 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD ( ) Delete Title: () Change () Addition DIOGOSTINE, DENISE Name: Name: 113 SECLUDED OAK CT Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: ( ) Delete Title: VTD Title: () Change () Addition MAHONEY, BILLIE J Name: Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BILLIE J MAHONEY VTD 03/05/2005