


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90298 011 \*\*\*150.00

**DOCUMENT # P02000055721**

1. Entity Name  
**CLEANTHRU CORPORATION**



Principal Place of Business  
**505 AVENUE A NW  
 SUITE 102  
 WINTER HAVEN, FL 33881**

Mailing Address  
**505 AVENUE A NW  
 SUITE 102  
 WINTER HAVEN, FL 33881**

400000000

2. Principal Place of Business  
**1404 Park Place**

3. Mailing Address  
**1404 Park Place**

Suite, Apt. #, etc.



04112005 Chg-P CR2E034 (10/03)

City & State  
**Haines city**

City & State  
**Haines city**

4. FEI Number  
**76-0743574**

Applied For  
 Not Applicable

Zip  
**FL 33844**

Country  
**USA**

Zip  
**33844**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GOVONI, HARDING & ASSOCIATES, INC.  
 505 AVENUE A NW  
 SUITE 102  
 WINTER HAVEN, FL 33881**

7. Name and Address of New Registered Agent

Name  
**MATT BELL CPA**

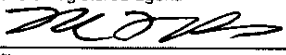
Street Address (P.O. Box Number is Not Acceptable)  
**3043 Shady Wood Lane**

City  
**Lake Wales**

State  
**FL**

Zip Code  
**33898**

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  DATE **4/27/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|                 |   |
|-----------------|---|
| TITLE           | <input type="checkbox"/> Delete                   |
| NAME            | <b>PEEBLES, NEIL</b>                              |
| STREET ADDRESS  | <b>60 EARLS OF WARWICK, ST NICHOLAS CHURCH ST</b> |
| CITY - ST - ZIP | <b>WARWICK, CV CV34 4JD</b>                       |
| TITLE           | <input type="checkbox"/> Delete                   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Delete                   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Delete                   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Delete                   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |   |
|-----------------|---|
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |

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:  DATE **4/27/05** DAYTIME PHONE # **863-422-3215**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR