


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90224 015 ***150.00

DOCUMENT # P04000029595

1. Entity Name
R.T. SUBCLEAN & GRADING, INC.



Principal Place of Business Mailing Address

**450 GEMAIRE DR.
 MELBOURNE, FL 32904** **450 GEMAIRE DR.
 MELBOURNE, FL 32904**

50052290

2. Principal Place of Business *Melbourne FL* 3. Mailing Address

450 DISTRIBUTION DR **450 DISTRIBUTION**

Suite, Apt. #, etc. Suite, Apt. #, etc.


122 **122**

City & State City & State

Melbourne FL **Melbourne FL**

Zip Country Zip Country

32904 **BRUNET** **32904** **BRUNET**



04292005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

16-16-93568 Not Applicable

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

6. Name and Address of Current Registered Agent

**DEFILIPPO, THOMAS R
 450 GEMAIRE DR.
 MELBOURNE, FL 32904**

7. Name and Address of New Registered Agent

Name **Thomas R De Filippo**

Street Address (P.O. Box Number is Not Acceptable)
450 DISTRIBUTION DR SUITE 122

City **Melbourne** FL Zip Code **32904**

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 *Thomas R De Filippo* **Thomas R De Filippo** DATE **5/14/05**

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	D	<input type="checkbox"/> Delete
NAME	DEFILIPPO, THOMAS R	
STREET ADDRESS	1601 S. NORMAN DR.	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARNOLD, RAY E	
STREET ADDRESS	4500 LAKE WASHINGTON RD.	
CITY-ST-ZIP	MELBOURNE, FL 32934	
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	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas R De Filippo	
STREET ADDRESS	1601 S NORMAN DR	
CITY-ST-ZIP	Melbourne FL 32901	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALGOCIBSON LA	
STREET ADDRESS	MALB GAR F1	
CITY-ST-ZIP	32050-3659	
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: *Thomas R De Filippo* **Thomas R De Filippo** Date **5/14/05** Daytime Phone # **321 3054594**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #