

# ANNUAL REPORT

DOCUMENT # P03000078316

1. Entity Name  
CLEANING UP, INC.



**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

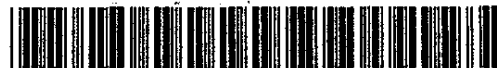
04-27-2004 90088 013 \*\*\*150.00

Principal Place of Business  
2019 1/2 GERDA TERR  
ORLANDO, FL 32804

Mailing Address  
2019 1/2 GERDA TERR  
ORLANDO, FL 32804

2. Principal Place of Business  
1920 WOODWARD STREET  
Suite, Apt. #, etc.

3. Mailing Address  
1920 WOODWARD STREET  
Suite, Apt. #, etc.



04182004 Chg-P CR2E034 (10/03)

City & State  
ORLANDO, FL 32803  
Zip  
32803 Country

City & State  
ORLANDO, FL  
Zip  
32803 Country

4. FEI Number  
04-3766110

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MASON, BRIDGETT  
2019 1/2 GERDA TERR  
ORLANDO, FL 32804

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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: *Bridgett Mason / President*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/04  
DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

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

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MASON, BRIDGETT  
STREET ADDRESS 2019 1/2 GERDA TERR  
CITY-ST-ZIP ORLANDO, FL 32804 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Bridgett Mason / President*  
Signature, typed or printed name of registered agent and title if applicable.

4/18/04

407-963-7704  
Telephone Number