

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006090

FILED
Sep 15, 2006
Secretary of State

Entity Name: WHEELIE BIN CLEANING SERVICE, INC.

Current Principal Place of Business:

3011 NORTH STEWART STREET
KISSIMMEE, FL 34746 US

New Principal Place of Business:

Current Mailing Address:

3011 NORTH STEWART STREET
KISSIMMEE, FL 34746 US

New Mailing Address:

FEI Number: 98-0444836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, TRACY L MRS
3011 NORTH STEWART STREET
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LLOYD, KEVYN M MR
Address: 411 OAKPOINTE CIRCLE
City-St-Zip: DAVENPORT, FL 33837 US

Title: VP () Delete
Name: EVANS, TRACY L MRS
Address: 3011 NORTH STEWART STREET
City-St-Zip: KISSIMMEE, FL 34746 US

Title: DD () Delete
Name: BASS, CHERYL MS
Address: 411 OAKPOINTE CIRCLE
City-St-Zip: DAVENPORT, FL 33837 US

Title: DO () Delete
Name: LLOYD, GARETH MR
Address: 411 OAKPOINTE CIRCLE
City-St-Zip: DAVENPORT, FL 33837 US

Title: DO () Delete
Name: EVANS, JAMES MR
Address: 411 OAKPOINTE CIRCLE
City-St-Zip: DAVENPORT, FL 33837 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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 Chapter 119, 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: TRACY EVANS

MRS

09/15/2006

Electronic Signature of Signing Officer or Director

_____ Date