

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006090

FILED  
Sep 04, 2007  
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 (X)

**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 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

VP

09/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date