

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # F31763

1. Entity Name

DIEFEL'S CLEAN 'N BRITE, INC.



Principal Place of Business
8245-36TH AVE NORTH
ST PETERSBURG FL 33710

Mailing Address
8245-36TH AVE NORTH
ST PETERSBURG FL 33710



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2103829

Applied For
Not Applied

5. Certificate of Status Desired

☒ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

DIEFEL, RYAN
8245-36TH AVE NORTH
ST PETERSBURG FL 33710

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

Signature typed or printed name of registered agent and title if applicable

(NO IF Registered Agent signature required when reinstating)

Date

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	DIEFEL, RYAN F	
STREET ADDRESS	8245-36TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	VP	☐ Delete
NAME	DIEFEL, APRIL M	
STREET ADDRESS	8245-36TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME	000000493967	
STREET ADDRESS	04/20/06-80027-012 158.75	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #