

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 08:00 AM
Secretary of State



DOCUMENT # F31763
 1. Entity Name
DIEFEL'S CLEAN 'N BRITE, INC.

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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2103829** Applied For
 Not Applicable

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

1st MOORE CR2E034 (10/06)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P DIEFEL, RYAN F 8245-36TH AVE NORTH ST PETERSBURG FL 33710 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP DIEFEL, APRIL M 8245-36TH AVE NORTH ST PETERSBURG FL 33710 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 03/23/07-80033-003-150.00

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: *April M. Diefel* April M. Diefel 3/12/2007 439 5024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #