## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 08:00 A Secretary of State

DOCL	JMENT	# G'	1519	6
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Entity Name

COMMERCIAL CLEAN-UP ENTERPRISES, INC.



Principal Place of Business

4305 EXCHANGE AVENUE NAPLES, FL 34104 US Mailing Address

4305 EXCHANGE AVENUE NAPLES, FL 33942 US



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2242582 Applied For
Not Applicable

5. Certificate of Status Desired Fee Required

IN THIS SPACE

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TIBSTRA, THOMAS
4305 EXCHANGE AVENUE

DO NOT WRITE

NAPLES, FL 34104

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 the if applicable

LYIKAN U.Y.

4.21-07

## FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be

Alter may 1, 2007 Fee will be \$330.00			
10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIBSTRA, THOMAS N. 4305 EXCHANGE AVENUE NAPLES, FL 34104		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIBSTRA, TREVOR 4305 EXCHANGE AVENUE NAPLES, FL 34104		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIBSTRA-PITKIN, HEATHER 4305 EXCHANGE AVENUE NAPLES, FL 34104		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TIBSTRA, MARY S 4305 EXCHANGE AVENUE NAPLES, FL 34104		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			

SIGNATURE AND TYPED O

## DO NOT WRITE IN THIS SPACE

000000731783 05/09/07-80019-014 150.00

12. I hereby certify that the information supplied with this lifting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this reportor 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 attigchment with an address, with all other life empowered.

SIGNATURE:

CITY-ST-ZIP

I HEATHER OITKIN U.P.

4-21-07 (239) 43-lole