2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Mar 20, 2008 08:0			
	IMENT # G15196			S	ecretai	ry of St	
Dentity Name COMMERCIAL CLEAN-UP ENTERPRISES, INC.							
COMMERCIAL CLEANSOF ENTERPRISES, INC.							
Principa! Pla	ce of Business	Mailing Address	<u> </u>]			
4305 EXCH. NAPLES, FL	ANGE AVENUE	4305 EXCHANGE AVENUE					
ווארננט, רנ	. 34104 US	NAPLES, FL 33942 US					
							
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-	O NOT WOITE	N. TIUO 004		02062008	No Chg-P	CR2E034 (11/	05)
. · L	OO NOT WRITE I	N THIS SPA	CE	4. FEI Number			Applied For
		,	*	59-22425	582	40.77	Not Applicable
	er and the grade of the first of the second	the second of th	Carrier of State of S	5. Certificate of	Status Desired	□ \$8.75 Fee Req	Additional ulred
	6. Name and Address of Current Reg	Istered Agent	*,				
	THOMAS			DO: N	OT WE)ITE	• • • • • • • • • • • • • • • • • • • •
4305 EXCHANGE AVENUE			`		-	•	
NAPLES, FL 34104				' IN TI	HIS SPA		
					• •	`, ~	
8. The above	a named entity submits this statement for the	purpose of changing its register	ed office or register	ed agent, or both.	in the State of Florid	a. I am familiar v	vith, and accept
the obliga	tions of registered agent.		J				
SIGNATURE.	Signature, typed or printed name of registered agent and til	a description (NOY), Design	44				
	Signature, speed or printed name of registered agent and in	e if applicable. (NO E: Negistare	d Agent signature required	when reinstating)		DATE	<u></u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.				00 May Be ed to Fees	U0000 04709709	0871423 80127-03	20 150.00
10.	OFFICERS AND DIR	CTORS	1		017 007 00	OOIL! O	
TITLE	PD					· · · · · · · · · · · · · · · · · · ·	
NAME STREET ADDRESS	TIBSTRA, THOMAS N. 4305 EXCHANGE AVENUE		48 F	· ·	4 G AM 3	,	
CITY-ST-ZIP	NAPLES, FL 34104		*		ter e		
TITLE	VP		.,	· · · · · · · · · · · · · · · · · · ·	•	*	
NAME	TIBSTRA, TREVOR		** *	The same	·.		,
STREET ADDRESS CITY-ST-ZIP	A305 EXCHANGE AVENUE NAPLES, FL 34104			لواولا يونون نا سودي	Maria dia Tanàna		•
TITLE	VP			,	1		
NAME	TIBSTRA-PITKIN, HEATHER		: :	•			
STRLET ADDRESS CITY+ST-ZIP	4305 EXCHANGE AVENUE NAPLES, FL 34104			DO N	IOT WF	RITE	
TITLE	ST		1		HIS SPA		• •
NAME	TIBSTRA, MARY S			IIN II	713 374	ICE .	λ.
STREET ADDRESS CITY-ST-ZIP	4305 EXCHANGE AVENUE NAPLES, FL 34104						· 4.
TITLE	000,10 04107			The second of the second	angga sangga sangga ang ang a ngga sangga	7,9 04.0	84 05 - 2 ° 8 , - 4
NAME			15 Att 2 1	A Company			18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS CITY-ST-ZIP						At 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P. Land

12. I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter -1.19. 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: 💆

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G-14-08

Daytime Phone #