

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # H18209

1. Entity Name

DYNA-CLEAN SYSTEMS, INC.



Principal Place of Business

C/O RICHARD JAY
7209 BATTENWOOD COURT
TAMPA FL 33615

Mailing Address

C/O RICHARD JAY
7209 BATTENWOOD COURT
TAMPA FL 33615



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-2437155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAY, RICHARD
7209 BATTENWOOD COURT
TAMPA FL 33615

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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: P ☐ Delete
NAME: JAY, STEPHEN
STREET ADDRESS: 7209 BATTENWOOD CT.
CITY-STATE-ZIP: TAMPA FL 33615

TITLE: VP ☐ Delete
NAME: JAY, MELANIE
STREET ADDRESS: 7209 BATTENWOOD CT.
CITY-STATE-ZIP: TAMPA FL

TITLE: S ☐ Delete
NAME: JAY, RICHARD
STREET ADDRESS: 7209 BATTENWOOD CT.
CITY-STATE-ZIP: TAMPA FL

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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STREET ADDRESS:
CITY-STATE-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:

Melanie P. Jay Melanie P. Jay

3/25/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #