

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J81520**

1. Entity Name  
ACOUSTI-CLEAN, INC.



Principal Place of Business

% MARIO SIGNORELLI, JR.  
825 GATEPARK DRIVE #3  
DAYTONA BEACH, FL 32114

Mailing Address

% MARIO SIGNORELLI, JR.  
825 GATEPARK DRIVE #3  
DAYTONA BEACH, FL 32114



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2847823

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WERZ, CHARLES  
105 GREENWING TEAL CT  
DAYTONA BCH, FL 32119

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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  
SIGNORELLI, MARIO, JR.  
8430 E COOLIDGE  
SCOTTSDALE, AZ 85251

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPST  
WERZ, CHARLES F  
105 GREENWING TEAL CT  
DAYTONA BEACH, FL 32119

TITLE  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000379328  
01/10/06-80018-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

*Charles F. Werz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES F. WERZ V.P.

1/10/06  
Date

386) 239-9426  
Daytime Phone #