2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K25727

1. Entity Name
COMPLETELY CLEAN, INC.

Principal Place of Business	Mailing Address
281 S. HONEYBEAR WAY LECANTO, FL 34461	P.O. BOX 413 LECONTO, FL 34460 US

DO NOT WRITE IN THIS SPACE

√

03102004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-2896101		Not Applicable

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

6. Name and Address of Current Registered Agent

DODSON, LYNN
281 S HONEY BEAR WAY
LECONTO, FL 34461

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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, 2004 Fee will be $550.00

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

U000000089829
03/16/04-80004-020 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	DODSON, LYNN	
STREET ADDRESS	281 S. HONEYBEAR WAY	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____Lynn Dodson_____ Lynn Dodson_____ 3/15/04_____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #