

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90029 013 ***150.00

DOCUMENT # K66758

1. Entity Name
KLEEN PLUS, INC.



Principal Place of Business

% DANIEL BOGA
93 CLEVELAND ROAD
LAKE WORTH, FL 33467

Mailing Address

% DANIEL BOGA
93 CLEVELAND ROAD
LAKE WORTH, FL 33467

50056688



07152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0100926

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOGA, DANIEL
93 CLEVELAND ROAD
LAKEWORTH, FL 33467

**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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOGA, DANIEL
STREET ADDRESS	93 CLEVELAND ROAD
CITY-ST-ZIP	LAKEWORTH, FL
TITLE	D
NAME	BOGA, ELVIRA
STREET ADDRESS	93 CLEVELAND ROAD
CITY-ST-ZIP	LAKEWORTH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

50056688

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

July 6, 2005

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Taxpayer: KLEEN PLUS, INC.
Document #: K66758
FEIN: 650100926
Tax Form: UBR
Tax Period: 2005

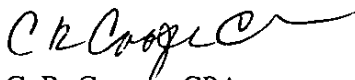
To Whom It May Concern:

We have enclosed check # in the amount of \$150.00 for the 2005 Annual Renewal of KLEEN PLUS, INC., Document #K66758.

Please abate the penalty as Mr. Boga did not receive the original UBR. The Corporation did not intentionally avoid the filing fee.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

cc