## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003624

Entity Name: CLEANUP & GREENUP, INC.

FILED Feb 27, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3614 DICKENS DRIVE HOLIDAY, FL 34691

**Current Mailing Address: New Mailing Address:** 

POST OFFICE BOX 901 TARPON SPRINGS, FL 346880901 US

FEI Number: 59-3199029 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAPORTE, ANTHONY J 4153 CHESTERFIELD CIRCLE PALM HARBOR, FL 34683

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition JAMES, ERIC JAMES, ERIC Name: Name: P.O. BOX 901 Address: P.O. BOX 901 Address:

City-St-Zip: TARPON SPRINGS, FL 34683 City-St-Zip: TARPON SPRINGS, FL 34683 US

Title: STD () Delete Title: STD (X) Change ( ) Addition GUNTER, TERRY S Name: GUNTER, TERRY S Name: Address: P.O. BOX 901 Address: P.O. BOX 901

City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: () Delete Title: (X) Change ( ) Addition PEREZ, JOSE PEREZ, JOSE Name: Name:

Address: P.O. BOX 901 Address: P.O. BOX 901 City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: ( ) Delete Title: ( ) Change (X) Addition

Name: LAPORTE, ANTHONY J

Name:

Address: Address: P.O.BOX 901

City-St-Zip: City-St-Zip: TARPON SPRINGS, FL 34688 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY J LAPORTE D 02/27/2007