


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90066 028 \*\*\*150.00

**DOCUMENT # P0000061084**

1. Entity Name  
**KLEENEDGE, INC.**



Principal Place of Business  
**2323 BURLINGTON ST.  
 NORTH PORT FL 34286**

Mailing Address  
**2323 BURLINGTON ST.  
 NORTH PORT FL 34286**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
**2150 Tamiami Trail**  
**Unit 12 -202**  
 City & State  
**Port Charlotte, FL.**  
 Zip Country  
**33948 U.S.A.**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  
**CHARLES, ANDREA I  
 2323 BURLINGTON ST.  
 NORTH PORT FL 34286**

4. FEI Number **65-1020538** Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	D <input type="checkbox"/> Delete
NAME	CHARLES, SR., HUGUE MR.
STREET ADDRESS	3869 WOODMERE PARK BLVD., NO. 8
CITY-ST-ZIP	VENICE FL 34239
TITLE	D <input type="checkbox"/> Delete
NAME	CHARLES, ANDREA I MRS.
STREET ADDRESS	3869 WOODMERE PARK BLVD., NO. 8
CITY-ST-ZIP	VENICE FL 34239
TITLE	<input type="checkbox"/> Delete
NAME	<b>MAILING ADDRESS</b>
STREET ADDRESS	Kleenedge, Inc.
CITY-ST-ZIP	2150 Tamiami Trail Unit 12-202 Port Charlotte, FL 33948-2134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	Phone: 941-49-Clean
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	<b>KLEENEDGE, INC.</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2150 Tamiami Trail Unit 12-202
CITY-ST-ZIP	Port Charlotte, FL 33948-2134
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2150 Tamiami Trail Unit 12-202
CITY-ST-ZIP	Port Charlotte, FL 33948-2134
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Andrea I Charles* **Andrea I Charles** 1/28/04 941-423-2140  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #