

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000098799

1. Entity Name

LOU'S CLEAN CONNECTION, INC.



Principal Place of Business

5321 DESOTA PKWY.
SARASOTA FL 34234

Mailing Address

5321 DESOTA PKWY.
SARASOTA FL 34234



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-1050329

Applied For
Not Applied

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONARD, LOUIS
5321 DESOTA PKWY.
SARASOTA FL 34234

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 acknowledge 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May
Added to Fee**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LEONARD, LOUIS
STREET ADDRESS 5321 DESOTO PKWY
CITY-ST-ZIP SARASOTA FL 34234

TITLE TD ☐ Delete
NAME LEONARD, GALE
STREET ADDRESS 5321 DESOTO PKWY
CITY-ST-ZIP SARASOTA FL 34234

TITLE SD ☐ Delete
NAME LEONARD, DEXTER
STREET ADDRESS 10219 BOZEMAN DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000525621
05/04/06-80042-002 150.00

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Louis D. Leonard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06

941-351-4444