

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 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**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1050329

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEONARD, LOUIS
5321 DESOTA PKWY.
SARASOTA, FL 34234**

**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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEONARD, LOUIS 5321 DESOTO PKWY SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEONARD, GALE 5321 DESOTO PKWY SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEONARD, DEXTER 1532 PARILLA CIRCLE NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/20/08-80007-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Louis Leonard **LOUIS LEONARD**

4/28/08
Date

941 351-1691
Daytime Phone #