


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90302 021 \*\*\*150.00

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT #</b> 00000110666<br><b>1. Entity Name</b><br>CLIFF SIMER'S CONSTRUCTION CLEANUP, INC.   |   |  |  |   |  |
| <b>Principal Place of Business</b><br>1833 NE 34TH LANE<br>CAPE CORAL FL 33909   |   |  | <b>Mailing Address</b><br>1833 NE 34TH LANE<br>CAPE CORAL FL 33909             |  |  |
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.   |   |  | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.                               |  |  |
| <b>City &amp; State</b>  |   |  | <b>City &amp; State</b>  |  |  |
| <b>Zip</b>   |   | <b>Country</b>                             |  | <b>Zip</b>   |  |
| <b>Country</b>   |   | <b>Country</b>                             |  | <b>4. FEI Number</b> 65-1056114  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>BROGDON, MICHAEL D<br>853 MARCH ST.<br>NORTH FORT MYERS FL 33903   |   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name <u>Delete Cliff Simer</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>1833 NE 34th Lane</u><br>City <u>Cape Coral</u> <b>FL</b> Zip Code <u>33909</u> |  |
| <b>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.</b><br>SIGNATURE <u>Cliff Simer</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>5-22-05</u>  |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |  |  | <b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b><br>Trust Fund Contribution. <input type="checkbox"/> Added to Fees  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <b>P</b><br>SIMER, CLIFF<br>1833 NE 34TH LANE<br>CAPE CORAL FL 33909            | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <b>ST</b><br>SIMER, KAREN<br>1833 NE 34TH LANE<br>CAPE CORAL FL 33909           | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <b>V</b><br>BROGDON, MICHAEL D<br>853 MARCH STREET<br>NORTH FORT MYERS FL 33903 | <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |   | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |   | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |   | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>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.</b> |   |  |  |  |  |
| <b>SIGNATURE:</b> <u>Cliff Simer</u> <u>Cliff Simer</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  | <u>4-17-05</u> <u>574-7847</u><br><small>Date Daytime Phone #</small>          |  |  |