


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P01000021791 |  |
| 1. Entity Name CLEAN AS A WHISTLE CAR CARE SERVICE OF LAKE COUNTY, INC. | |

| | |
|--|--|
| Principal Place of Business 5747 BIBLE CAMP RD GROVELAND FL 34736 | Mailing Address 5747 BIBLE CAMP RD GROVELAND FL 34736 |
|--|--|



| | | | |
|---|---------|---------------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|--|--|
| 1st MOORE CR2E034 (10/07) | |
| 4. FEI Number 59-3719870 | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| JORDAN, EDWARD P II 13543 E HWY 50 CLERMONT FL 34711 | |

| | |
|--|-------------|
| 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 | <small>Signature, typed or printed name of registered agent and fee, if applicable.</small> | <small>(NOTE: Registered Agent Signature Required when removing agent)</small> | <small>DATE</small> |
|------------------|---|--|---------------------|

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE P | <input type="checkbox"/> Delete |
| NAME ARTHUR, SAMUEL D SR | |
| STREET ADDRESS 5747 BILBE CAMP RD. | |
| CITY-ST-ZIP GROVELAND FL 34736 | |
| TITLE VP | <input type="checkbox"/> Delete |
| NAME ARTHUR, SANDRA D | |
| STREET ADDRESS 5747 BIBLE CAMP RD. | |
| CITY-ST-ZIP GROVELAND FL 34736 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| 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 | |
| CITY-ST-ZIP | |
| U00000904120 04/30/08-80071-022 150.00 | |
| 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 | |
| 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 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: |  | Sandra Arthur | April 14, 2008 (352) 429-0949 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |