

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-04-2005 90059 013 ***150.00

DOCUMENT # P01000060329

1. Entity Name
CONSTRUCTION CLEAN-UP SERVICES, INC.



Principal Place of Business
771 BUSINESS PARK BLVD
WINTER GARDEN, FL 34787

Mailing Address
771 BUSINESS PARK BLVD
WINTER GARDEN, FL 34787

66011373



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3725818

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAULA JOLLEY
C/O BEST KEPT BOOKS
963 W JUNIATA ST
CLERMONT, FL 34711

Name DOUG SWATKOWSKI

Street Address (P.O. Box Number is Not Acceptable)

771 BUSINESS PARK BLVD.

City WINTER GARDEN

FL

Zip Code 34787

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, 2005 Fee will be \$550.00.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
SWATKOWSKI, DOUGLAS
771 BUSINESS PARK BLVD
WINTER GARDEN, FL 34787 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE
NAME
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CITY - ST - ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-05

407-654-4656