

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2008 08:00 AM
Secretary of State**

DOCUMENT # P01000092871

1. Entity Name
GOLF CLEAN, INC.



Principal Place of Business

**2444 MERCHANT AVE.
SUITE 103
ODESSA, FL 33556-3485 US**

Mailing Address

**2444 MERCHANT AVE.
SUITE 103
ODESSA, FL 33556-3485 US**



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3747629

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FEIST, LAWRENCE J
2444 MERCHANT AVE.
SUITE 103
ODESSA, FL 33556-3485**

**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 fee, if applicable.

(NOTE: Registered Agent Signature required when constituting)

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 **P**
NAME **FEIST, LAWRENCE J**
STREET ADDRESS **5049 GLENN DR.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE **ST**
NAME **MESECK-BUSHEY, SYLVIA J**
STREET ADDRESS **5049 GLENN DR.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000793182
01/24/08-80039-003 150.00

**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

01/24/08

Date

727-842-2728

Daytime Phone

X206