

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90041 028 \*\*\*150.00

<b>DOCUMENT # P01000111353</b> 1. Entity Name <b>B &amp; O CRYSTAL CLEAN, INC.</b>			
Principal Place of Business 3506 SE 16 PL CAPE CORAL, FL 33904		Mailing Address 3506 SE 16 PL CAPE CORAL, FL 33904	
2. Principal Place of Business - No P.O. Box # <b>3507 SW 9 Ave</b>		3. Mailing Address <b>3507 SW 9 Ave</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>CAPE CORAL FL</b>		City & State <b>CAPE CORAL FL</b>	
Zip <b>33914</b>		Zip <b>33914</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>80-0029094</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MORAITIS, GEORGE</b> <b>16919 NW 57 AVE</b> <b>OPA LOCKA, FL 33055</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>QUINTANAL, OSCAR</b> STREET ADDRESS <b>3506 SE 16 PLACE</b> CITY-ST-ZIP <b>CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete	TITLE <b>3507 SW 9 Ave</b> NAME <b>CAPE CORAL FL 33914</b> STREET ADDRESS <b>CAPE CORAL FL 33914</b> CITY-ST-ZIP <b>CAPE CORAL FL 33914</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>QUINTANAL, BARBARA</b> STREET ADDRESS <b>3506 SE 16 PLACE</b> CITY-ST-ZIP <b>CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete	TITLE <b>3507 SW 9 Ave</b> NAME <b>CAPE CORAL FL 33914</b> STREET ADDRESS <b>CAPE CORAL FL 33914</b> CITY-ST-ZIP <b>CAPE CORAL FL 33914</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>239 810-3572</b> <small>Daytime Phone #</small>	