

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

05-23-2007 90026 012 ***550.00

DOCUMENT # P02000002030

1. Entity Name
DOMESTICLEAN CORPORATION



Principal Place of Business
**2015 9TH ST SW
SUITE G
VERO BEACH, FL 32962**

Mailing Address
**2015 9TH ST SW
SUITE G
VERO BEACH, FL 32962**

2. Principal Place of Business - No P.O. Box #
2015 9th Street S.W.

3. Mailing Address
2015 9th Street S.W.

Suite, Apt. #, etc.
G

City & State
VERO BEACH FL

City & State
FL

Zip
32962

Country
Indian River 32962

6. Name and Address of Current Registered Agent

**PIERCE, STEPHEN A
1755 17TH LANE, SW
VERO BEACH, FL 32962**

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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	PSTD PIERCE, STEPHEN A 1755 17TH LANE, SW VERO BEACH, FL 32962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PIERCE, STEWART A 1755 17TH LANE, SW VERO BEACH, FL 32962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Stephen A. Pierce 5-10-07 772-562-7417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #