


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90221 024 ***150.00

| | | | | | |
|---|--|---------|---|---|--|
| DOCUMENT # P02000011877 1. Entity Name S.O. CLEAN AS A WHISTLE, INC. | | | |  | |
| Principal Place of Business 920 HANSEN STREET WEST PALM BEACH, FL 33405 | | | Mailing Address 920 HANSEN STREET WEST PALM BEACH, FL 33405 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 35-2166404 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent O'DELL, STEPHEN D 920 HANSEN STREET WEST PALM BEACH, FL 33405 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D O'DELL, STEPHEN D 920 HANSEN STREET WEST PALM BEACH, FL 33405 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 | |
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| 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: <i>Stephen D. O'Dell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 5/1/05 (561) 663-0979 Date Daytime Phone # | | |

50052127



04292005 Chg-P CR2E034 (10/03)