

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000021272

1. Entity Name

DERRICK THE CLEAN UP MAN, INC.



Principal Place of Business

1800 OLDMOODY BLVD
BUNNELL, FL 32110

Mailing Address

18 RENSHAW DR
PALM COAST, FL 32164

FILED

Jan 22, 2007 08:00 AM
Secretary of State



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number
27-0004963

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VERDEL, JOANN
18 RENSHAW DR.
PALM COAST, FL 32164

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 title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
VERDELL, JOANN
18 RENSHAW DR
PALM COAST, FL 32164

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DVP
VERDELL, LUTHER G
18 RENSHAW DR.
PALM COAST, FL 32164

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DVPS
MORTON, DERRICK
18 RENSHAW DR.
PALM COAST, FL 32164

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DO NOT WRITE
IN THIS SPACE

U00000594153
01/22/07-80060-021 150.00

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

Date Daytime Phone #