

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000071060

Entity Name: THE ART OF CLEAN, INC.

FILED  
Jul 12, 2004  
Secretary of State

**Current Principal Place of Business:**

28521 SOMBRERO DR.  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

28521 SOMBRERO DR.  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 02-0630764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOHLRABE, ROBERT N  
C/O BOATERS LANDING  
12062 S CLEVELAND AVE.  
FORT MYERS, FL 33907

**Name and Address of New Registered Agent:**

WOHLRABE, ROBERT N  
28521 SOMBRERO DR  
BONITA SPRINGS, FL 34135

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.

SIGNATURE:

Electronic Signature of Registered Agent

07/12/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BROWNELL, JOANN C  
Address: 28521 SOMBRERO DR.  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP ( ) Delete  
Name: WOHLRABE, ROBERT N  
Address: 12062 S CLEVELAND AVE.  
City-St-Zip: FORT MYERS, FL 33907

Title: S. ( ) Delete  
Name: WOHLRABE, ROBERT N  
Address: 12062 S. CLEVELAND AVE.  
City-St-Zip: FORT MYERS, FL 33907

Title: T ( ) Delete  
Name: BROWNELL, JOANN C  
Address: 28521 SOMBRERO DR.  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: WOHLRABE, ROBERT N  
Address: 28521 SOMBRERO DR.  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S. (X) Change ( ) Addition  
Name: WOHLRABE, ROBERT N  
Address: 28521 SOMBRERO DR  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WOHLRABE

Electronic Signature of Signing Officer or Director

VP

07/12/2004

Date