## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 27, 2006 08:00 AM DOCUMENT # P02000072168 **Secretary of State** OLDFIELD CLEANER, INC. Mailing Address Principal Place of Business 4193-1 OLDFIELD CROSSING DRIVE JACKSONVILLE FL 32257 4193-1 OLDFIELD CROSSING DRIVE JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 02-0622928 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE, MAXIMILLIAN C Street Address (P.O. Box Number is Not Acceptable) 11778 LANIER CREEK DRIVE JACKSONVILLE FL 32258 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered affice or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed ox printed name of registered agent and title if applicable (NOTE Registered Agent signature required when remstating) DATE FILE NOW!!) FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PVSD** THE Change DAC ☐ Delete NAME LEE, MAXIMILLIAN C NAME U00000406022 82/07/06-20066-010 150.00 STREET ADDRESS. 4193-1 OLDFIELD CROSSING DRIVE STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP JACKSONVILLE FL 32257 TITLE Delete TITLE ☐ Change □ Add NAME MAME STREE! ADDRESS STREET ADDRESS CHY-S7-21P CSTY-ST-7/P TITLE Sigle? 口心 THEF Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change DAT NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete BILE ☐ Change Arie NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete THLE Change □ Adi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Section 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 direction of the corporation of 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 if changed, or on an attrachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

Mux C. Sou

1/24/06 1904) 262-434:

FILED