


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90232 007 \*\*\*150.00

<b>DOCUMENT # P02000107885</b>	
1. Entity Name <b>CONSTRUCTION SITE CLEAN-UP, INC.</b>	

Principal Place of Business <b>9826 MCINTOSH ROAD DOVER, FL 33527</b>	Mailing Address <b>9826 MCINTOSH ROAD DOVER, FL 33527</b>
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**50020494**

2. Principal Place of Business <b>9846 McIntosh Road</b>	3. Mailing Address <b>9846 McIntosh Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Dover, FL</b>	City & State <b>Dover, FL</b>
Zip <b>33527</b>	Country <b>Hillsborough</b>

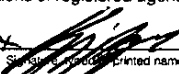


02042005 Chg-P CR2E034 (10/03)

4. FEI Number <b>81-0573484</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BEAUCHAMP, CHARLIE 9826 MCINTOSH ROAD DOVER, FL 33527</b>	

7. Name and Address of New Registered Agent	
Name <b>Kevin Pope</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>9846 McIntosh Road</b>	
City <b>Dover</b>	FL Zip Code <b>33527</b>

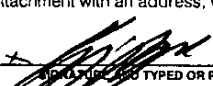
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **2-21-05**

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POPE, KEVIN 9846 MCINTOSH RD. DOVER, FL 33527 <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	SD POPE, STEPHANIE 9846 MCINTOSH RD. DOVER, FL 33527 <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	VD BEAUCHAMP, CHARLIE 9826 MCINTOSH RD. DOVER, FL 33527 <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	TD BEAUCHAMP, DEBORAH 9826 MCINTOSH RD. DOVER, FL 33527 <input checked="" 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
		TD Shawn Beauchamp 6607 Stafford Road Plant City, FL 33565	

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:  (813) 363-6275  
Date: **2-21-05** Daytime Phone #