

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90358 008 ***150.00

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1. Entity Name
CONSTRUCTION SITE CLEAN-UP, INC.



Principal Place of Business

**9846 MCINTOSH ROAD
DOVER, FL 33527**

Mailing Address

**9846 MCINTOSH ROAD
DOVER, FL 33527**

DO NOT WRITE IN THIS SPACE

01312006 No Chg-P CR2E034 (11/05)

4. FEI Number
81-0573484

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POPE, KEVIN
9846 MCINTOSH ROAD
DOVER, FL 33527**

**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

2-22-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME POPE, KEVIN
STREET ADDRESS 9846 MCINTOSH RD.
CITY-ST-ZIP DOVER, FL 33527

TITLE SD
NAME POPE, STEPHANIE
STREET ADDRESS 9846 MCINTOSH RD.
CITY-ST-ZIP DOVER, FL 33527

TITLE VD
NAME BEAUCHAMP, CHARLIE
STREET ADDRESS 9826 MCINTOSH RD.
CITY-ST-ZIP DOVER, FL 33527

TITLE TD
NAME BEAUCHAMP, SHAWN
STREET ADDRESS 6607 STAFFORD ROAD
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-06 (813) 363-6275