

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90040 029 ***158.75

DOCUMENT # P03000059867

1. Entity Name
CLEAN GREEN, INC.



Principal Place of Business

**4645 NW 6TH STREET, E
GAINESVILLE, FL 32609**

Mailing Address

**4645 NW 6TH STREET, E
GAINESVILLE, FL 32609**

2. Principal Place of Business

Clean Green Inc

Suite, Apt. #, etc.

4645 NW 6th st E

City & State

Gainesville Fla

Zip

32609

Country

Alachua

3. Mailing Address

Clean Green Inc

Suite, Apt. #, etc.

4645 NW 6th st E

City & State

Gainesville Fla

Zip

32609

Country

Alachua



05162006

Chg-P

CR2E034 (11/05)

4. FEI Number

50-0006224

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, WARREN H
809 NW 19TH AVE.
GAINESVILLE, FL 32609**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Warren H Williams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-24-2006

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WILLIAMS, WARREN H**
STREET ADDRESS **809 NW 19TH AVE.**
CITY-ST-ZIP **GAINESVILLE, FL 32609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Warren H Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-2006 352-494-7694

Date

Daytime Phone #