

2007 FOR PROFIT CORPORATION ANNUAL REPORT.

DOCUMENT # P03000065032

1. Entity Name
HYPER-CLEAN, INC.



Principal Place of Business
1441 E FLETCHER AVE STE 105
TAMPA, FL 33612

Mailing Address
1441 E FLETCHER AVE STE 105
TAMPA, FL 33612

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 20 PM 2:32



07102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3764686

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IWANICKI, GEORGE J
1441 E FLETCHER AVE STE 105
TAMPA, FL 33612

**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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
IWANICKI, GEORGE J
1441 E FLETCHER AVE STE 105
TAMPA, FL 33612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
IWANICKI, JULIANTY
1441 EAST FLETCHER AVE SUITE 105
TAMPA, FL 33612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

B 9/24/07

300109716923
09/20/07--01058--018 **150.00

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-07 813-910-2300

Date

Daytime Phone #