


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90260 045 \*\*\*150.00

<b>DOCUMENT # P03000111744</b> 1. Entity Name <b>CLEAN SOLUTION SERVICES, INCORPORATED</b>					
Principal Place of Business <b>2191 MARTIN RD. MARIANNA, FL 32448</b>			Mailing Address <b>P.O. BOX 281 MARIANNA, FL 32447</b>		
2. Principal Place of Business - No P.O. Box # <b>4399 Pine Grove Church Road</b>		3. Mailing Address <b>4399 Pine Grove Church Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Quincy, Florida</b>		City & State <b>Quincy, Florida</b>		4. FEI Number <b>90-0137501</b>	
Zip <b>32351</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FORAN, DENNIE H 2191 MARTIN RD. MARIANNA, FL 32448</b>		7. Name and Address of New Registered Agent Name <b>William S Cook</b> Street Address (P.O. Box Number is Not Acceptable) <b>4399 Pine Grove Church Road</b> City <b>Quincy</b> <b>FL</b> Zip Code <b>32351</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 <u>William S. Cook</u> <span style="float: right;">4-20-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>COOK, WILLIAM S PO BOX 850 BRISTOL, FL 32321</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President William S Cook 4399 Pine Grove Church Road Quincy, FL 32351</b> <input checked="" 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 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	
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	
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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	
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.					
<b>SIGNATURE: <u>William S. Cook</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-20-07</b> <small>Date Daytime Phone #</small>		