


2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90047 030 \*\*\*150.00

<b>DOCUMENT # P03000111744</b> 1. Entity Name <b>CLEAN SOLUTION SERVICES, INCORPORATED</b>					
Principal Place of Business <b>4399 PINE GROVE CHURCH RD QUINCY, FL 32351</b>			Mailing Address <b>4399 PINE GROVE CHURCH RD QUINCY, FL 32351</b>		
2. Principal Place of Business - No P.O. Box # <b>7856 Maclean Road</b>		3. Mailing Address <b>7856 Maclean Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>		4. FEI Number <b>90-0137501</b>	
Zip <b>32312</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32312</b>		Country <b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WOOK, WILLIAMS S 4399 PINE GROVE CHURCH RD QUINCY, FL 32351</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>7856 Maclean Road</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32312</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> DATE <u>1/14/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>COOK, WILLIAM S 4399 PINE GROVE CHURCH RD QUINCY, FL 32351</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7856 Maclean Road Tallahassee, FL 32312</b>		
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		
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.					
SIGNATURE: <u>William S. Cook</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/14/08</u> Daytime Phone # <u>(850) 643-7245</u>		