

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000127830

1. Entity Name
B&R CLEAN-UP SERVICES, INC.



Principal Place of Business
394 N SAMSULA DRIVE
NEW SMYRNA BEACH, FL 32168

Mailing Address
394 N SAMSULA DRIVE
NEW SMYRNA BEACH, FL 32168

FILED
05 JUL 25 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0483976	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILTON, BARBARA JEAN
394 N SAMSULA DRIVE
NEW SMYRNA BEACH, FL 32168

**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 _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	HILTON, BARBARA JEAN
STREET ADDRESS	394 N SAMSULA DRIVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168

TITLE	DP
NAME	HILTON, ROY
STREET ADDRESS	394 N SAMSULA DRIVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

07/05/05-00009-007 550.00

**DO NOT WRITE
IN THIS SPACE**

700058535397
08/12/05--01059--004 **550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Barbara Jean Hilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/05
Date

Daytime Phone # _____