

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

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



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|  |  |
|--|--|
| 4. FEI Number<br>20-0483976  | Applied For<br><input type="checkbox"/> 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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/30/07-80027-001-150.00

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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:

*Barbara Jean Hilton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-07

Date

Daytime Phone #