


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90242 001 ***150.00

DOCUMENT # P03000129069 1. Entity Name 5 STAR CLEAN INC	
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Principal Place of Business 2357 CLIFFDALE ST OCOE, FL 34761 US	Mailing Address 2357 CLIFFDALE ST OCOE, FL 34761 US
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DO NOT WRITE IN THIS SPACE

40036100



05012008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0375675	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEEHAN, ROBERT 2357 CLIFFDALE ST OCOE, FL 34761	DO NOT WRITE IN THIS SPACE
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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.

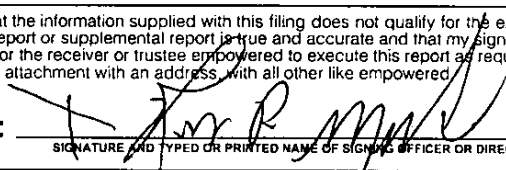
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEEHAN, ROBERT 2357 CLIFFDALE ST OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEEHAN, ANGELA 2357 CLIFFDALE ST OCOE, FL 34761
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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

Date _____ Daytime Phone # _____