2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered,

SIGNATURE:

FILED Apr 14, 2006 08:00 AN Secretary of State DOCUMENT # P03000148347 1. Entity Name PRO-CLEAN OF JACKSONVILLE, INC. Principal Place of Business Mailing Address 2201 MILLER OAKS DRIVE NORTH JACKSONVILLE FL 32217 2201 MILLER OAKS DRIVE NORTH JACKSONVILLE FL 32217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 54-2136727 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUTLER, DONALD H PRES. Street Address (P.O. Box Number is Not Acceptable) 2201 MILLER OAKS DRIVE NORTH JACKSONVILLE FL 32217 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME BUTLER, DONALD H PRES. NAME *iJNNNN*9510292 STREET ADDRESS 2201 MILLER OAKS DRIVE NORTH STREET ADDRESS 4/28/06-80077-024 150.nn CITY-ST-7/P JACKSONVILLE FL 32217 CHTY-ST-ZIP TITLE Delete THEF Change ☐ Addition MAME BUTLER, RANDALL A V.P. NAME STREET ADDRESS 2201 MILLER OAKS DRIVE NORTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32217 CITY-ST-ZIP TITLE Delete Delete THLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

DONALD H. BUTLER 1-16-06 904-333-1879