

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000148347**

1. Entity Name

PRO-CLEAN OF JACKSONVILLE, INC.



Principal Place of Business

2201 MILLER OAKS DRIVE NORTH  
JACKSONVILLE FL 32217

Mailing Address

2201 MILLER OAKS DRIVE NORTH  
JACKSONVILLE FL 32217



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*Butler*

1st MOORE

CR2E034 (10/07)

4. FEI Number **54-2136727**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTLER, DONALD H PRES.  
2201 MILLER OAKS DRIVE NORTH  
JACKSONVILLE FL 32217

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 changing agent)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
BUTLER, DONALD H PRES.  
2201 MILLER OAKS DRIVE NORTH  
JACKSONVILLE FL 32217 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
U000000935122  
05/23/08-80043-019 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V.P.  
BUTLER, RANDALL A V.P.  
2201 MILLER OAKS DRIVE NORTH  
JACKSONVILLE FL 32217 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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

SIGNATURE:

*Donald H. Butler*

DONALD H. BUTLER

4-15-08

904-333-1879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER