

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90017 025 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                 |                                                                                                                     |                                                                                                                                                                             |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>DOCUMENT # P04000003697</b><br>1. Entity Name<br><b>L &amp; J CLEAN UP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                 |                                                                                                                     |                                                                                                                                                                             |              |
| Principal Place of Business<br><b>355 G ROAD<br/>LABELLE, FL 33935</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                 | Mailing Address<br><b>355 G ROAD<br/>LABELLE, FL 33935</b>                                                          |                                                                                                                                                                             |              |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                           |                                                                                                                                                                             |              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                 | City & State                                                                                                        |                                                                                                                                                                             |              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                               | Zip                             | Country                                                                                                             | 4. FEI Number<br><b>20-0643881</b>                                                                                                                                          |              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                 |                                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                      |              |
| 6. Name and Address of Current Registered Agent<br><br><b>FERGUSON, LARRY<br/>355 G ROAD<br/>LABELLE, FL 33935</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                 |                                                                                                                     | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                 |                                                                                                                     |                                                                                                                                                                             |              |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                             |              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                        |                                                                                                                                                                             |              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>DPS<br/>FERGUSON, LARRY<br/>355 G ROAD<br/>LABELLE, FL 33935</b>   | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | <b>D P</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VT<br/>FERGUSON, DARRILYN<br/>355 G ROAD<br/>LABELLE, FL 33935</b> | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | <b>D S T</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              |              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              |              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              |              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              |              |
| 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. |                                                                       |                                 |                                                                                                                     |                                                                                                                                                                             |              |
| <b>SIGNATURE:</b> <u>Darrylyn Ferguson</u> <u>Darrylyn Ferguson</u> <u>4-7-08</u> <u>239-565-1566</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                 |                                                                                                                     |                                                                                                                                                                             |              |