

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90169 047 \*\*\*150.00

**DOCUMENT # P04000011792**

1. Entity Name  
**GOOD CLEAN FUN, INC.**



Principal Place of Business Mailing Address  
**P.O. BOX 398 P.O. BOX 398**  
**PONTE VEDRA BEACH, FL 32004 US PONTE VEDRA BEACH, FL 32004 US**

2. Principal Place of Business 3. Mailing Address  
**1318 Beach Blvd. 1318 Beach Blvd.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Jacksonville Beach, FL Jacksonville Beach, FL**  
Zip Country Zip Country  
**32250 USA 32250 USA**

04262006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For  
**20-0746211** Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PRICE, KEVIN W**  
**8060 CYPRESS HOLLOW COURT**  
**PONTE VEDRA BEACH, FL 32082**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D ☐ Delete  
NAME **SCHILLING, BRUCE T**  
STREET ADDRESS **PO BOX 398**  
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32004**

TITLE D ☐ Delete  
NAME **PRICE, KEVIN W**  
STREET ADDRESS **PO BOX 398**  
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32004**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **112 Strong Branch Drive**  
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8060 Cypress Hollow Court**  
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-06**

Date

**904-242-2444**

Daytime Phone #