



FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90041 021 ***163.75

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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| DOCUMENT # P04000025339 1. Entity Name EDUARDO RODRIGUEZ CLEAR AND FILL INC. | | | |  | |
| Principal Place of Business 3600 POPLAR WAY NAPLES, FL 34112 | | Mailing Address 3600 POPLAR WAY NAPLES, FL 34112 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 60008098  | |
| City & State | | City & State | | 4. FEI Number 90-0168622 | |
| Zip | | Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RODRIGUEZ, ENRIQUE J 1091 PANACEA BLVD APT 305 NORTH PORT, FL FL342-89 | | | | 7. Name and Address of New Registered Agent Name Enrique J. Rodriguez Street Address (P.O. Box Number is Not Acceptable) 3180 TAUNTON AVE City North port FL Zip Code 34286 | |
| 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 <u><i>Enrique Rodriguez</i></u> <u><i>Enrique Rodriguez</i></u> DATE <u>1/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PVST RODRIGUEZ, EDUARDO 3600 POPLAR WAY NAPLES, FL 34112 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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: <u><i>Eduardo Rodriguez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date <u>1/24/06</u> Daytime Phone # <u>239 825-1540</u> | |