2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000069557

P.O. BOX 3128

NORTH FORT MYERS, FL 33918

Address:

City-St-Zip:

Entity Name: FILL, CLEARING & CLEANUP, INC.

FILED Mar 29, 2009 Secretary of State

y							
Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:			
13080 SAN	NDY KEY BEN	D					
SUITE 1 NORTH F	T. MYERS, FL	33903					
Current M	lailing Addre	ss:	New Mailing Address:				
P O BOX 3 NORTH F	3128 ORT MYERS,	FL 33918					
FEI Number:	: 26-0084765	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status	Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
13080 SAN SUITE 1	RTH, VICKI F NDY KEY BEN T. MYERS, FL						
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered o	office or registered a	gent, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Age	ent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DUNSWORTH P.O. BOX 312		Title: Name: Address: City-St-Zip:	DUNSWORTH, P.O. BOX 3128			
Title: Name: Address:	DUNSWORTH P.O. BOX 3128	3.	Title: Name: Address:	DUNSWORTH, P.O. BOX 3128	3.		
City-St-Zip:	NORTH FT. MY	/ERS, FL 33918	City-St-Zip:	NORTH FT. MY	'ERS, FL 33918		
Title: Name: Address: City-St-Zip:	DUNSWORTH P.O. BOX 312		Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name:	D (DUNSWORTH) Delete ALLEN B	Title: Name:) Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: VICKI F. DUNSWORTH PRES 03/29/2009