2006 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM Г CUMENT # P04000103697 **Secretary of State** v Name S MM CLEAN, INC. of Place of Business Pi Mailing Address 10749 LIPPIZAN DRIVE JACKSONVILLE FL 32257 LIPPIZAN DRIVE 11 ONVILLE FL 32257 pal Place of Business 2. 3. Mailing Address . Apr. #, etc. Suite, Apt. #, etc. 1st MOORE GR2E034 (10/05) Applied For City & State Elate 4. FEI Number 20-1353779 Not Applicant Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EMMENS, AARON J 10749 LIPPIZAN DRIVE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32257 Zip Code 8. 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 biligations of registered agent. Si Signature typed ix printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 . . 9. Election Campaign Financing \$5.00 May D After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees M Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 18 OFFICERS AND DIRECTORS PSTD THE ☐ Change ☐ Addising u Delete SEMMENS, AARON J MANIE U00000396258 ST 10749 LIPPIZAN DRIVE STREET ADDRESS 01/30/06-80002-010 150.00 CITY -ST-ZIP Cn JACKSONVILLE FL 32257 331 VPD Спапре Addition Delete 3133.E 热 SEMMENS, LARRY MAME ST STREET ADDRESS 10749 LIPPIZAN DRIVE CIT JACKSONVILLE FL 32257 C(TY-ST-Z(P Ψ 7/7 VPD ☐ Doteto FIZLE Change ☐ M/CC ΝĄ MAME SEMMENS, CATHY S STREET ADDRESS ST 10749 LIPPIZAN DRIVE CIT CITY-ST-ZIP JACKSONVILLE FL 32257 ΠŦ ITTLE ☐ Change [] ###?! ☐ Defete NA. MAME STREET ADDRESS STI City-St-ZiP CIT Addin. Change ☐ Defete 717 TITLE NAME NA: STREET ADDRESS STE Cit CITY-ST-ZIP 717 ☐ Delete TITLE ☐ Change Adding. MAI NAME STF STREET ADDRESS CITY-ST-ZIP CIT certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information respect or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director up 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 transperd, or on an attachment with an address, with all other like empowered.

1/9/06

904-268-5076

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