

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # P04000107682

1. Entity Name
ACCIDENT CLEANERS, INC.



Principal Place of Business
**32 NW 4TH STREET
 WILLISTON, FL 32696**

Mailing Address
**PO BOX 945
 WILISTON, FL 32696**



DO NOT WRITE IN THIS SPACE

04102007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1405106

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PINKSTON, DANIEL R
 32 NW 4TH STREET
 WILLISTON, FL 32696**

DO NOT WRITE IN THIS SPACE

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, 2007 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
NAME	PINKSTON, DANIEL R
STREET ADDRESS	32 NW 4TH STREET
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 04/28/07-80015-012 150.00

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: Daniel Pinkston **4-13-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #