

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000122090

FILED  
Feb 13, 2009  
Secretary of State

**Entity Name:** SWEEPER MAN OF WEST CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

2519 MCMULLEN BOOTH ROAD  
SUITE 510-115  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

2519 MCMULLEN BOOTH ROAD  
SUITE 510-115  
CLEARWATER, FL 33761

**New Mailing Address:**

**FEI Number:** 20-1548640

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAYERS, MATTHEW E  
3131 HILLSIDE LANE  
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: MATT MAYERS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: MAYERS, MATTHEW E  
Address: 3131 HILLSIDE LANE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: V.P ( ) Delete  
Name: MAYERS, AMY S  
Address: 3131 HILLSIDE LANE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SEC ( ) Delete  
Name: MAYERS, AMY S  
Address: 3131 HILLSIDE LANE  
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: AMY MAYERS

VP

02/13/2009

Electronic Signature of Signing Officer or Director

Date