

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90195 009 ***150.00

DOCUMENT # P04000167045

1. Entity Name
KLEAN SWEEP, INC.



Principal Place of Business

12421 BAYRIDGE AVE.
NEW PORT RICHEY, FL 34654 US
15641 Daybreeze Dr.
Springhill, FL 34610

Mailing Address

12421 BAYRIDGE AVE.
NEW PORT RICHEY, FL 34654 US
P.O. Box 11078
Springhill, FL 34610



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1501230

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FULTON, DEBRA
12421 BAYRIDGE AVE
NEW PORT RICHEY, FL 34654
P.O. Box 11078
15641 Daybreeze Dr.
Springhill, FL 34610

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FULTON, DEBRA
12421 BAYRIDGE AVE
NEW PORT RICHEY, FL 34654

TITLE
NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#211

4-24-2006 427-514-0457

Date

Daytime Phone #