

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/2

FILED
Apr 25, 2006 8:00 am
Secretary of State

03-27-2006 90266 007 ***150.00

DOCUMENT # E05000019782

1. Entity Name

SAMUEL PAGE CONSTRUCTION CLEAN UP, INC.



Principal Place of Business

3041 NW 3 ST
POMPAÑO BCH FL 33069

Mailing Address

3041 NW 3 ST
POMPAÑO BCH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

320140318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAGE, TAQUESTA
3041 NW 3 ST
POMPAÑO BCH FL 33069**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Taquesta Page

TAQUESTA PAGE

3/16/06

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PAGE, SAMUEL L	
STREET ADDRESS	3041 NW 3 ST	
CITY- ST- ZIP	POMPAÑO BCH FL 33069	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAGE, TAQUESTA	
STREET ADDRESS	3041 NW 3 ST	
CITY- ST- ZIP	POMPAÑO BCH FL 33069	
TITLE	S	<input type="checkbox"/> Delete
NAME	PAGE, ATTALLAH	
STREET ADDRESS	3041 NW 3 ST	
CITY- ST- ZIP	POMPAÑO BCH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Taquesta Page

TAQUESTA PAGE

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #