

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Jun 16, 2006 8:00 am
Secretary of State

05-05-2006 90194 043 ***150.00

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1st MOORE CR2E034 (10/05)

DOCUMENT # P05000025157			
1. Entity Name CATHY'S CLEAN-UP, INC.			
Principal Place of Business 3550 CHESTNUT HILL CT JACKSONVILLE FL 32223		Mailing Address 3550 CHESTNUT HILL CT JACKSONVILLE FL 32223	
2. Principal Place of Business 1154 WARDS PLACE		3. Mailing Address 1154 WARDS PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE FL	
Zip 32259	Country ST. JOHNS	Zip 32259	Country ST. JOHNS
4. FEI Number 75-3178403		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMMONS, CATHY 3550 CHESTNUT HILL CT JACKSONVILLE FL 32223		7. Name and Address of New Registered Agent 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 <u>Cathy Simmons</u> CATHY SIMMONS <u>4-25-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when converting) DATE</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONS, CATHY 3550 CHESTNUT HILL CT JACKSONVILLE FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Cathy Simmons</u> CATHY SIMMONS		<u>4-25-06</u> 904-728-0778	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	