

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 12, 2007 8:00 am
Secretary of State

09-12-2007 90002 008 ***150.00

DOCUMENT # P05000026228

1. Entity Name
SCENE CLEAN, INC.



Principal Place of Business
**3465 48TH AVE. NE
NAPLES, FL 34120**

Mailing Address
**3465 48TH AVE. NE
NAPLES, FL 34120**

DO NOT WRITE IN THIS SPACE



09052007 No Chg-P CR2E034 (11/05)

4. FEI Number
32-0141341

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUNN, TRACY
3465 48TH AVE. NE
NAPLES, FL 34120**

**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 \$550.00
Due by September 14, 2007**

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
**PT
GUNN, TRACY
3465 48TH AVE. NE
NAPLES, FL 34120**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
JACKSON, ALICE N.
2611 48TH AVE. N.E.
NAPLES, FL 34120**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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

**TRACY GUNN
PRESIDENT**

Date

Daytime Phone

09.05.07 239.450.1807

ATTACHMENT



40132193

CRIME AND TRAUMA SCENE CLEANUP

239.450.1807

239.353.3559

September 5, 2007

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

RE: Scene Clean, Inc. P05000026228

Dear Sir or Madam:

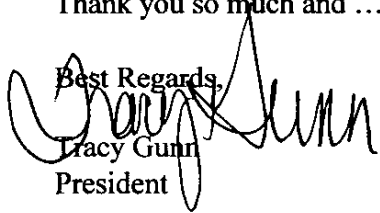
In looking at my business records online last night, I noticed that our 2007 annual report was not showing up in your records. I verified the payment and report was sent, in my records, check number 1044 dated February 5th 2007 in the amount of \$150.00, mailed that same day.

I contacted your office this morning to have your staff check just in case it was an internet error and to my dismay it was not. You never received my report or payment according to your records. I contacted my bank to see if your check, number 1044 had cleared and they said it had not. I issued a stop payment and contacted your office again and was told to resubmit my \$150.00 payment, go online and print and attach annual report form and a letter of explanation so that Scene Clean did not incur the \$400.00 late fee.

I am sending this letter and its attachments, including a new check number 1086, priority mail so that it may be tracked in case there is another problem and so that you receive before the September date. Thank you so much for your offices assistance in getting this matter handled and for waiving the \$400.00 late fee. I guarantee next year it will be filed online, eliminating the post office completely.

Thank you so much and

Best Regards,



Tracy Gunn
President

Cleaning With Compassion