2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

1. Entity Name	ANNUAL REPORT				Secretary of State			
DOCUMENT # P05000037907 1. Entity Name FRESH N CLEAN CUSTOMS, INC.						90021 042 ***1 <i>5</i>		
								
392 WEST PINESTEAD PENSACOLA, FL 32503								
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		04212008	Chg-P	CR2E034 (12/06)		
City & State	City & State	City & State		4. FEI Number 81-0665	875	⊢	oplied For	
Zip Country	Zip Count		гу	İ	f Status Desired	\$8.75 Ad	ditional	
6. Name and Address of Current		7. Name and A	ddress of New R					
KING, JAMES JR.			Name				-	
945 W. MICHIGAN AVE SUITE 5-B			Street Address (P.O. Box Number is Not Acceptable)					
PENSACOLA, FL 32505								
			City			FL Zip Cod		
The above named entity submits this statement fo the obligations of registered agent.	r the purpose of changing its	registered	d office or register	red agent, or both	, in the State of Flo	orida. I am familiar with	and accept	
SIGNATURE Signature, typed or printed name of registered agent.	and title if applicable (NOTE	Registered	Agent signature required	1 when reinstaland)		DATE		
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.0	9. Election Campaid Trust Fund Contr	-	cing \$5	.00 May Be led to Fees				
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After May 1, 2008 Fee will be \$550.	Trust Fund Contr	ribution.	cing \$5	led to Fees	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
After May 1, 2008 Fee will be \$550.4 10. OFFICERS AND THLE P NAME WILSON, BENJAMIN	Trust Fund Contr	11. TITLE NAME	Add	led to Fees	HANGES TO OFF			
After May 1, 2008 Fee will be \$550.4 10. OFFICERS AND THLE P	Trust Fund Contr	11. TITLE NAME STREET	Add	led to Fees	HANGES TO OFF			
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indicated on this report or supplies with this limit does not quality for the exemptions contained in Chapter 119. Florida Statutes. I furner certify that the information indicated on this report or suppliemental report is rune 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

Daytime Phone #