2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000053479

1. Entity Name
KEEPIN' IT KLEEN, INC.

FILED
Sep 12, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
2379 OLD TRAIN ROAD DELTONA, FL 32738	2379 OLD TRAIN ROAD DELTONA, FL 32738

07292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2659864
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAYFIELD, CHRISTINA L
2379 OLD TRAIN ROAD
DELTONA, FL 32738

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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.

09/12/08-80004-013 150.00

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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P,T
NAME	MAYFIELD, CHRISTINA L
STREET ADDRESS	2379 OLD TRAIN ROAD
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	VP,S
NAME	MAYFIELD, ANDREW D
STREET ADDRESS	2379 OLD TRAIN ROAD
CITY-ST-ZIP	DELTONA, FL 32738
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	

DO NOT WRITE 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: Christina Mayfield 9-9-08 386 804-2543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #