


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000054263 1. Entity Name MICHAEL GOWINS CONSTRUCTION CLEAN-UP, INC.	
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FILED
07 MAR 26 PM 12: 53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 820 COVINA WAY MELBOURNE, FL 32901	Mailing Address P.O. BOX 1372 MELBOURNE, FL 32902
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Handwritten initials



03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1471833	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

GOWINS, MICHAEL
 820 COVINA WAY
 MELBOURNE, FL 32901

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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00

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

00095892323
 04/05/07-01036-007 **150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOWINS, MICHAEL E 820 COVINA WAY MELBOURNE, FL 32901
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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: *Michael E. Gowins* 3-26-07 (321) 323-0736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #