

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90032 008 ***150.00

DOCUMENT # P05000133433

1. Entity Name

ULTRA CLEAN FLOOR CARE, INC



Principal Place of Business

36 ST SIMON CIRCLE
DESTIN FL 32550

Mailing Address

36 ST SIMON CIRCLE
DESTIN FL 32550

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

238 ST. Francis Dr. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miramar Beach FL

Zip

Country

Zip

Country

32550

USA

2nd MOORE

CR2E034 (4/07)

4. FEI Number

20-3705400

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARROLL, ROGER
36 ST SIMON CIRCLE
DESTIN FL 32550

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

Roger Carroll

(NOTE: Registered Agent Signature required when revalidating)

DATE

8-19-07

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CARROLL, ROGER**
STREET ADDRESS **36 ST SIMON CIRCLE**
CITY- ST- ZIP **DESTIN FL 32550**

TITLE **VP** ☐ Delete
NAME **CARROLL, MICHELLE**
STREET ADDRESS **36 ST SIMON CIRCLE**
CITY- ST- ZIP **DESTIN FL 32550**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Carroll Roger**
STREET ADDRESS **238 ST. Francis Dr. N**
CITY- ST- ZIP **Miramar Beach FL 32550**

TITLE **VP** ☒ Change ☐ Addition
NAME **Carroll Michelle**
STREET ADDRESS **238 ST. Francis Dr. N.**
CITY- ST- ZIP **Miramar Beach FL 32550**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 duly empowered.

SIGNATURE:

Roger Carroll President

8-19-07

850658503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #