


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90009 034 \*\*\*150.00

<b>DOCUMENT # P06000095259</b>			
1. Entity Name <b>CLEAN 'M RIGHT, INC.</b>			
Principal Place of Business <b>3645-3655 N. DIXIE HIGHWAY OAKLAND PARK FL 33334</b>		Mailing Address <b>3645-3655 N. DIXIE HIGHWAY OAKLAND PARK FL 33334</b>	
2. Principal Place of Business - No P.O. Box # <b>3655 N DIXIE HIGHWAY</b>		3. Mailing Address <b>3655 N DIXIE HIGHWAY</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>OAKLAND PARK FL</b>		City & State <b>Oakland Park FL</b>	
Zip <b>33334</b>	Country <b>US</b>	Zip <b>33334</b>	Country <b>US</b>



1st MOORE CR2E034 (10/06)

4. FEI Number <b>FIN# 205225429</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WILSON, THERESA 6770 NW 28 STREET SUNRISE FL 33313</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 *Theresa Wilson*

4/11/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>WILSON, THERESA</b> <b>6770 NW 28 STREET</b> <b>SUNRISE FL 33313</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>CHARDN NABORS</b> <b>62 FAWN HOLLOW ROAD</b> <b>BURLINGTON NJ 08016</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>GRAVES, EVELYN</b> <b>3516 NW 28 COURT</b> <b>LAUDERDALE LAKES FL 33311</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>METAYER, MILNET</b> <b>3516 NW 28 COURT</b> <b>LAUDERDALE LAKES FL 33311</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Theresa Wilson* **THERESA WILSON** 4/11/07 (954) 564-3393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #