

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000101677

1. Entity Name  
SAPP'S CONSTRUCTION CLEAN-UP, INC.



Principal Place of Business

351 CHICAGO WAY, N.E.  
LAKE PLACID, FL 33852 US

Mailing Address

351 CHICAGO WAY, N.E.  
LAKE PLACID, FL 33852 US

**FILED**  
**Jul 30, 2008 08:00 AM**  
**Secretary of State**



07232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-5319543</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

SAPP, KIMBERLY L  
401 DAL HALL BOULEVARD  
LAKE PLACID, FL 33852

**DO NOT WRITE  
IN THIS SPACE**

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

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 NAME STREET ADDRESS CITY - ST - ZIP	PD SAPP, CYLE E 351 CHICAGO WAY, N.E. LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SAPP, HORACE E 351 CHICAGO WAY, N.E. LAKE PLACID, FL 33852
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	

U00000956688  
07/30/08-80003-005 150.00

**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:

*Cyle E Sapp*  
Cyle E Sapp  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 27 2008*  
July 27 2008 8634412114  
DATE Daytime Phone #