## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## Jan 09, 2008 08:00 All Secretary of State DOCUMENT # P06000118669 SOUTHWEST FLORIDA CLEAN-UP, INC Principal Place of Business Mailing Address 920 SOUTH RIVER RD P 0 BOX 1312 ENGLEWOOD, FL 34295 ENGLEWOOD, FL 34223 US No Chg-P CR2E034 (11/05) 01072008 DO NOT WRITE IN THIS SPACE Applied For 4. FÉI Number 20-5557476 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CARLSON, DAVID M DO NOT WRITE 13584 DRYSDALE AVENUE PORT CHARLOTTE, FL 33981 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. DATE \*Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) U000000777414 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 01/10/08-80007-012 158.75 Added to Fees After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE CARLSON, DAVID M NAME 13584 DRYSDALE AVENUE STREET ADDRESS PORT CHARLOTTE, FL 33981 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS

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 recover 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:

CITY-ST-ZIP TITLE . NAME STREET ADDRESS CITY-ST-ZIP

**FILED**