

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90135 017 \*\*\*150.00

<b>DOCUMENT # P07000020917</b> 1. Entity Name <b>BIG AL'S KLEAN IT &amp; KUT IT, INC.</b>					
Principal Place of Business <b>1746 EASTLINE STREET APT 102 LEESBURG, FL 34748</b>			Mailing Address <b>1746 EASTLINE STREET APT 102 LEESBURG, FL 34748</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip			City & State Zip		
Country			Country		
4. FEI Number <b>20-8463164</b>			Applied For <input type="checkbox"/> 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 <b>CULBERSON ACCOUNTING SERVICES, INC. 20732 CR 33 GROVELAND, FL 34736</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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PVP HUDSON, IEASHA G 1746 EASTLINE ST, APT 102 LEESBURG, FL 34748	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HUDSON, ALFRED L 1746 EASTLINE ST, APT 102 LEESBURG, FL 34748	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					