## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 09, 2008 8:00 am Secretary of State 05-02-2008 90135 017 \*\*\*150.00

| DOCUMENT # P07000020917  1. Entity Name BIG AL'S KLEAN IT & KUT IT, INC.  |   |                                   |                   |  |                                  | 05 0 <b>2 2</b> 00       | <b>70 70 13</b> 0 0            |            | 150.00         |  |
|---|---|-----------------------------------|-------------------|--|----------------------------------|--------------------------|--------------------------------|------------|----------------|--|
| Principal Place   | ol Business                                     | Mailing Address                   | no Address        |  |                                  | PPATALAA                 |                                |            |                |  |
| 1746 EASTLI   |   | 1746 EASTLINE STREET              |                   |  |                                  |                          |                                |            |                |  |
| APT 102<br>Leesburg, Fl. 34748  |   | APT 102                           |                   |  | •                                | •                        |                                |            |                |  |
| LEEZBURG, F   | L 34/48   | LEESBURG, FL 34748                | E280KG, FL 34/48  |  |                                  | EDIN 1886 DASH ATUN HYUK | 4 <b>Filia (180 45</b> 116 181 | H 1160 HOT | 151 (1 11 1)   |  |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address                |                   |  |                                  |                          |                                |            |                |  |
| Suite, Apt. #. etc.   |   | Suite, Apt. #, etc.               |                   |  | 04252008                         | Chg-P CR2E034 (12/06)    |                                |            |                |  |
| City & State  |   | City & State                      |                   |  | 4. FE Numbe                      | 84631                    | 64                             | No         | Applicable     |  |
| Zip   | Country   | Zip                               | Zip Country       |  | 5. Certificate of Status Desired |                          |                                |            |                |  |
|   | 6. Name and Address of Current                  | Registered Agent                  | Υ                 |  | 7. Name and                      | Address of New R         |                                |            | <del>- •</del> |  |
|   |   |                                   |                   | Namo   |                                  |                          |                                |            |                |  |
| CULBERSON ACCOUNTING SERVICESTING.  |   |                                   |                   | Street Address (P.O. Box Number is Not Acceptable) |                                  |                          |                                |            |                |  |
| GROVELAND, FL 34736   |   |                                   | <u> </u>          |  |                                  |                          | <u></u>                        |            |                |  |
|   |   |                                   |                   |  |                                  |                          |                                |            |                |  |
| · ·   |   |                                   |                   | 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   |   |                                   |                   |  |                                  |                          |                                |            |                |  |
| Signature, typed or printed neme of registered agent and title if applicable (HOTE: Registered Agent signature required when rematating) DATE .   |   |                                   |                   |  |                                  |                          |                                |            |                |  |
| FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.  |   |                                   |                   |  |                                  |                          |                                |            |                |  |
| 10.   | OFFICERS AND                                    | DIRECTORS                         | 11.               |  | ADDITIONS/                       | CHANGES TO OFF           | ICERS AND DIR                  | ECTORS     | IN 11          |  |
| TITLE   | PVP   | ☐ Delate                          | FILE              |  |                                  |                          |                                | Change     | Addition       |  |
| NAME<br>STREET ADORESS  | HUDSON, IEASHA G<br>1746 EASTLINE ST, APT 102   |                                   | NAME<br>STREET AD | 223900   |                                  |                          |                                |            |                |  |
| CITY-ST-ZIF   | LEESBURG, FL 34748                              |                                   | CUA-21-3          | ZIP  | •                                |                          |                                |            |                |  |
| TITLE   | TS  | ☐ Detete                          | IIILE             |  |                                  |                          |                                | Change     | Addition       |  |
| KAME  | HUDSON, ALFRED L                                |                                   | NAME<br>STREET AD | vocce .  |                                  |                          |                                |            | ľ              |  |
| STREET ADDRESS  | 1746 EASTLINE ST, APT 102<br>LEESBURG, FL 34748 |                                   | CITY-ST-          |  |                                  |                          |                                |            |                |  |
| IIILE   |   | □ Delete                          | TITLE             |  | ···                              |                          |                                | Change     | Addition       |  |
| NAME  |   | <u> </u>                          | NAME              |  |                                  |                          |                                |            |                |  |
| STREET ADDRESS  |   |                                   | STREET AC         |  |                                  |                          |                                |            |                |  |
| CITY-\$1-ZP   |   |                                   |                   | ΔP   |                                  |                          |                                |            |                |  |
| TITLE   |   | ☐ Deleta                          | TITLE . HAME      | ·  |                                  |                          | U                              | Change     | Addition       |  |
| STREET ADDRESS  |   | •                                 | STREET AC         | DORESS   |                                  |                          |                                |            | 1              |  |
| CITY-SI-ZIP   |   |                                   | CITY-ST-Z         | ZIP  |                                  |                          |                                |            |                |  |
| THE   |   | ☐ Octate                          | TITLE             |  |                                  |                          |                                | Change     | Addition       |  |
| NAME<br>STREET ADDRESS  | <b>j</b>  |                                   | HAME<br>STREET AC | OORESS   |                                  |                          |                                |            | Ì              |  |
| CITY-SI-ZP  | ļ   |                                   | CITY-ST-          |  |                                  |                          |                                |            | ĺ              |  |
| TITLE   |   | ☐ Delete                          | TITLE             |  |                                  |                          |                                | Change     | Addition       |  |
| NAME  |   |                                   | NAME<br>CONFES AS | 000000   |                                  |                          |                                |            |                |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |                                   | STREET AC         |  |                                  |                          |                                |            | İ              |  |
| 12 I hereby   | certify that the information supplied with      | n this filing does not qualify fo | or the exemp      | tions contained                                    | I in Chapter 119                 | , Florida Statutes. I    | further certify it             | at the in  | Iormation      |  |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florids Statutes. I further certify that the information indicated on this report or supplemental report is true and eccurate and that my signature shall have the same legal effect as II 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 807. Florida Statutes; and that my name expears in Block 10 or Block 11 if  |   |                                   |                   |  |                                  |                          |                                |            |                |  |
| changed, or on an attachment with an address, with all other like empowered.  |   |                                   |                   |  |                                  |                          |                                |            |                |  |
| SIGNATURE: Clfrd & fresh  |   |                                   |                   |  |                                  |                          |                                |            |                |  |
| SIGNATURE:  SIGNATURE AND TYPED OR PROTED NAME OF BIGHING OFFICER OR DIRECTOR  Data  Data  Deta   |                                   |                   |  |                                  |                          |                                |            |                |  |