


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90035 004 ***150.00

DOCUMENT # P07000097096 1. Entity Name CSS CLEAN STAR SERVICES OF CENTRAL FLORIDA, INC.					
Principal Place of Business 431 GASTON FOSTER RD. NORTH ORLANDO, FL 32807			Mailing Address PO BOX 771328 ORLANDO, FL 32877		
2. Principal Place of Business - No P.O. Box # 1460 Gemini Blvd		3. Mailing Address			
Suite, Apt. #, etc. #3		Suite, Apt. #, etc.			
City & State Orlando FL		City & State		4. FEI Number 26-0818355	
Zip 32837		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LONGO, DENNISE N 165 W JESSUP AVENUE LONGWOOD, FL 32750				7. Name and Address of New Registered Agent Name Sandro Di Lollo Street Address (P.O. Box Number is Not Acceptable) 8320 Villa Bella Notte Drive City Orlando FL Zip Code 32836	
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 Sandro Di Lollo DATE 1/14/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	S CHACON, TRACY 3508 FINISH LINE DRIVE GAINESVILLE, VA 20155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DI LOLLO, SANDRO 3508 FINISH LINE DRIVE GAINESVILLE, VA 20155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALACIOS, WILLIAM 431 GASTON FOSTER ROAD N ORLANDO, FL 32807	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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: Sandro Di Lollo DATE 1/14/08 DAYTIME PHONE (407) 668-1338 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					