

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000058243

1. Entity Name
ALL KLEAR, INC.



Principal Place of Business
**2236 PENNSYLVANIA AVENUE
OVIEDO, FL 32765 US**

Mailing Address
**2236 PENNSYLVANIA AVENUE
OVIEDO, FL 32765 US**



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3196847

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BASS, GAIL
2236 PENNSYLVANIA AVENUE
OVIEDO, FL 32765**

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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 Gail L. Bass Vice President Gail L. Bass 1-12-06
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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME BASS, JAMES L
STREET ADDRESS 2236 PENNSYLVANIA AVE.
CITY-ST-ZIP OVIEDO, FL 32765

TITLE OVS
NAME BASS, GAIL
STREET ADDRESS 2236 PENNSYLVANIA AVENUE
CITY-ST-ZIP OVIEDO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000390377
01/23/06-80025-022 150.00

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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: Gail L. Bass Gail L. Bass 1-12-06 407-359-530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #