2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000086549

1. Entity Name
THORO-CLEAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3640 S.W. 7TH PLACE OCALA, FL 34474-2802	3640 S.W. 7TH PLACE OCALA, FL 34474-2802

DO NOT WRITE IN THIS SPACE

03242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3279267

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MYERS, JESSE L
3640 S.W. 7TH PLACE
OCALA, FL 34474-2802

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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 of new registered agent, if changing (Florida) (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	P
NAME	MYERS, JESSE L
STREET ADDRESS	3640 S.W. 7TH PLACE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	V
NAME	MYERS, FRANKIE L
STREET ADDRESS	3640 S.W. 7TH PLACE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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: J Myers - JESSE L MYERS 4/29/06 352-629-0690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #