


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Jul 05, 2005 08:00 AM  
Secretary of State

DOCUMENT # P95000060817	
1. Entity Name TOTALLY CLEAN, INC.	

Principal Place of Business 1324 BEE ST. NORTH ORANGE PARK, FL 32065 US	Mailing Address 1324 BEE STREET NORTH ORANGE PARK, FL 32065
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3334054	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  DUBBERLY, DENNIS H 1324 BEE STREET NORTH ORANGE PARK, FL 32065
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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: <u>Dennis H. Dubberly</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>Dennis H. Dubberly President 6-30-05</u> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT DUBBERLY, DENNIS H 1324 BEE ST. NORTH ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS DUBBERLY, BONITA M 1324 BEE ST. NORTH ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/05/05-80016-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Dennis H. Dubberly</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>6-30-05 904 2760864</u> <small>Date Daytime Phone #</small>