

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000092369

**FILED**  
**May 02, 2006**  
**Secretary of State**

**Entity Name:** CLEAN IMAGE DETAIL SUPPLY, INC.

**Current Principal Place of Business:**

611 EAST LAIRD DRIVE  
JUPITER, FL 33458 US

**New Principal Place of Business:**

**Current Mailing Address:**

611 EAST LAIRD DRIVE  
JUPITER, FL 33458 US

**New Mailing Address:**

P.O. BOX 7717  
JUPITER, FL 33468 US

**FEI Number:** 65-0635898

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ZANE, VICKI J  
460 SE 16TH AVE  
POMPANO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: TRUXALL, CHRIS  
Address: 611 EAST LAIRD DRIVE  
City-St-Zip: JUPITER, FL 33458 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS TRUXALL

DP

05/02/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date