

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000022554

Entity Name
PRO CLEAN UP & HAULING, INC.



Principal Place of Business
205 BEN BLVD
TALLAHASSEE, FL 32303

Mailing Address
PO BOX 3237
TALLAHASSEE, FL 32315



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3350506

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

UTLER, NEIL H
108 O'HARA COURT
TALLAHASSEE, FL 32308

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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.

NATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

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

OFFICERS AND DIRECTORS

P
PEACOCK, WILBERT J
ADDRESS 4205 BEN BLVD
TALLAHASSEE, FL 32303

ST
PEACOCK, BETTY F
ADDRESS 4205 BEN BLVD
TALLAHASSEE, FL 32303

ADDRESS
TALLAHASSEE, FL 32303

ADDRESS
TALLAHASSEE, FL 32303

ADDRESS
TALLAHASSEE, FL 32303

ADDRESS
TALLAHASSEE, FL 32303

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01/30/06-80082-011 150.00

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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.

NATURE:

Butch Peacock PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-06

(850)562-1819

Date

Daytime Phone #