

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90400 014 ***150.00

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|---|---|---|---|--|--|
| DOCUMENT # P96000084266 1. Entity Name BLUE RIBBON CLEAN CARE, INC. | | | | | |
| Principal Place of Business 702 TROWBRIDGE AVENUE FORT WALTON BEACH, FL 32547 | | | Mailing Address 702 TROWBRIDGE AVENUE FORT WALTON BEACH, FL 32547 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 59-3421070 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| <div style="display: flex; justify-content: space-between;"> 04272006 Chg-P CR2E034 (11/05) </div> | | | | | |
| 6. Name and Address of Current Registered Agent KNIGHT, MICHAEL 230 BRADLEY DRIVE N.E. FORT WALTON BEACH, FL 32547 | | | 7. Name and Address of New Registered Agent Name <u>Michael Knight</u> Street Address (P.O. Box Number is Not Acceptable) <u>702 Trowbridge Ave</u> City <u>Ft. Walton Bch</u> FL Zip Code <u>32547</u> | | |
| 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>[Signature]</u> DATE: <u>4-27-06</u> <small>Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KNIGHT, MICHAEL 702 TROWBRIDGE AVE FORT WALTON BEACH, FL 32547 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <u>[Signature]</u> <u>Michael Knight</u> <u>4-27-06</u> <u>850-863-3837</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |