

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000094403

1. Entity Name
A1 - ECK SWEEPING SERVICE, INC.



Principal Place of Business
**1329 SW 4TH COURT
CAPE CORAL, FL 33991 US**

Mailing Address
**PO BOX 6231
FT MYERS, FL 33911 US**



04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0709189

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, BRIAN L
1329 SW 4TH COURT
CAPE CORAL, FL 33991**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when: reinstating)

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	D
NAME	MILLER, BRIAN L
STREET ADDRESS	1329 SW 4TH COURT
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	D
NAME	MILLER, CARL L
STREET ADDRESS	3105 S.E. 10TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	MILLER, MARLENE J
STREET ADDRESS	3105 S.E. 10TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	MILLER, MICHELLE A
STREET ADDRESS	1329 SW 4TH COURT
CITY-ST-ZIP	CAPE CORAL, FL 33941
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/06-80043-018 150.00

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IN THIS SPACE**

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:

Brian L. Miller

Brian L. Miller

4-7-06

234-574-4655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #