


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000102749</b> 1. Entity Name HERRICANE CONSTRUCTION CLEANUP, INC.	
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Principal Place of Business 8342 SYLVAN DRIVE MELBOURNE, FL 32904	Mailing Address 8342 SYLVAN DRIVE MELBOURNE, FL 32904
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01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3426661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KONECSNY, LINDA L 8342 SYLVAN DRIVE MELBOURNE, FL 32904
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	0100001979659 01/10/06-80032-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KONECSNY, LINDA L 8342 SYLVAN DRIVE MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KONECSNY, MIKE G 8342 SYLVAN DRIVE MELBOURNE, FL 32904
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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:** Linda L. Konecsny **1-4-06 321-544-064**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #