

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90014 049 ***150.00

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1. Entity Name

CLEAN-N-GREEN LANDSCAPE & IRRIGATION, INC.



Principal Place of Business
23615 E CR 1474
HAWTHORNE FL 32640

Mailing Address
23615 E CR 1474
HAWTHORNE FL 32640



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3433954**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAUS, RICK A
23615 E CR 1474
HAWTHORNE FL 32640

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
ST
KRAUS, JUNE G
STREET ADDRESS
23615 E CR 1474
CITY - ST - ZIP
HAWTHORNE FL 32640 ☐ Delete

TITLE
NAME
ST
KRAUS, JUNE
STREET ADDRESS
23615 E CR 1474
CITY - ST - ZIP
HAWTHORNE FL 32640 ☐ Delete

TITLE
NAME
P
KRAUS, RICK A
STREET ADDRESS
23615 E. CR 1474
CITY - ST - ZIP
HAWTHORNE FL 32640 ☐ Delete

TITLE
NAME
V
MEADOWS, ERIC
STREET ADDRESS
6010 SE 211 ST. APT #6
CITY - ST - ZIP
HAWTHORNE FL 32640 ☒ Delete

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Rick A. Kraus* DATE *4/16/07* *352-475-3041*