

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90067 005 \*\*\*150.00

**DOCUMENT # P98000010608**

1. Entity Name

CAPTAIN CLEAN, INC.



Principal Place of Business

1026 19TH PLACE SW  
VERO BEACH FL 32962  
US

Mailing Address

PO BOX 650723  
VERO BEACH FL 32962  
US



2. Principal Place of Business

1170 9th St SW

Suite, Apt. #, etc.

4 Suite

City & State

Vero Beach, FL

Zip

32962

Country

Indian River

3. Mailing Address

1170 9th Street SW

Suite, Apt. #, etc.

Suite 4

City & State

Vero Beach, FL

Zip

32962

Country

IR

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3644490

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BIONDI, MATT  
1026 19TH PLACE SW  
VERO BEACH FL 32962

7. Name and Address of New Registered Agent

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, 2006 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 P ☐ Delete  
NAME BIONDI, MATT  
STREET ADDRESS 1026 19TH PLACE SW  
CITY-ST-ZIP VERO BEACH FL 32962

TITLE V ☐ Delete  
NAME BIONDI, LASHANN  
STREET ADDRESS 1026 19TH PLACE SW  
CITY-ST-ZIP VERO BEACH FL 32962

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-06 772-569-1993

Date

Daytime Phone #