

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90033 046 \*\*\*150.00

**DOCUMENT # P98000010608**

1. Entity Name

**CAPTAIN CLEAN, INC.**



Principal Place of Business

1170 9TH ST SW  
SUITE 4  
VERO BEACH FL 32962  
US

Mailing Address

1170 9TH ST SW  
SUITE 4  
VERO BEACH FL 32962  
US

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

**P.O. Box 650607**

3. Mailing Address

**P.O. Box 650607**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Vero Beach, FL**

City & State

**Vero Beach, FL**

Zip

**32965**

Country

**USA**

Zip

**32965**

Country

**USA**

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 re-registering)

DATE

**Pres**

**4-17-08**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	<b>BIONDI, MATT</b>	
STREET ADDRESS	<b>1026 19TH PLACE SW</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32962</b>	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	<b>BIONDI, LASHANN</b>	
STREET ADDRESS	<b>1026 19TH PLACE SW</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32962</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-08**

Date

**772-569-1993**

Daytime Phone #