

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 10, 2008 08:00 AM
Secretary of State**

DOCUMENT # P98000046113

1. Entity Name
**INDUSTRIAL CLEANING TECHNOLOGY PROPERTIES,
INC.**



Principal Place of Business
**10855 NEW BERLIN ROAD
JACKSONVILLE, FL 32226 US**

Mailing Address
**10855 NEW BERLIN ROAD
JACKSONVILLE, FL 32226 US**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3514540

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMAS, JOHN S
10855 NEW BERLIN ROAD
JACKSONVILLE, FL 32226**

**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, 2008 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 | THOMAS, JOHN S |
| STREET ADDRESS | 10855 NEW BERLIN RD |
| CITY-ST-ZIP | JACKSONVILLE, FL 32226 |
| TITLE | D |
| NAME | YOUNG, DAVID GREGORY |
| STREET ADDRESS | P.O. BOX 1834 N/A |
| CITY-ST-ZIP | ORANGE PARK, FL 320671834 |
| TITLE | D |
| NAME | SMITH, BERNARD H |
| STREET ADDRESS | P.O. BOX 1834 N/A |
| CITY-ST-ZIP | ORANGE PARK, FL 320671834 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U000000777587

01/10/08-80014-003 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Thomas

1/7/08 904-714-3535

Date

Daytime Phone #