

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000004552

FILED
Jul 19, 2005
Secretary of State

Entity Name: THE CLEAN CO. OF ORANGE COUNTY, INC.

Current Principal Place of Business:

7128 LAKEVILLE RD
ORLANDO, FL 32818

New Principal Place of Business:

2301 OCOEE APOPKA ROAD
APOPKA, FL 32703

Current Mailing Address:

P.O. BOX 497
CLARCONA, FL 32710

New Mailing Address:

FEI Number: 59-3554680 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ILARDI, BARBARA A
7128 LAKEVILLE RD
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

ILARDI, BARBARA A
2301 OCOEE APOPKA ROAD
APOPKA, FL 32703 US

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.

SIGNATURE: _____

07/19/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ILARDI, JAMES S
Address: 7128 LAKEVILLE RD
City-St-Zip: ORLANDO, FL 32818

Title: T () Delete
Name: ILARDI, JAMES S
Address: 7128 LAKEVILLE RD
City-St-Zip: ORLANDO, FL 32818

Title: VP () Delete
Name: ILARDI, BARBARA A
Address: 7128 LAKEVILLE RD
City-St-Zip: ORLANDO, FL 32818

Title: S () Delete
Name: ILARDI, BARBARA A
Address: 7128 LAKEVILLE RD
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ILARDI, JAMES S
Address: 2301 OCOEE APOPKA ROAD
City-St-Zip: APOPKA, FL 32703

Title: T (X) Change () Addition
Name: ILARDI, JAMES S
Address: 2301 OCOEE APOPKA ROAD
City-St-Zip: APOPKA, FL 32703

Title: VP (X) Change () Addition
Name: ILARDI, BARBARA A
Address: 2301 OCOEE APOPKA ROAD
City-St-Zip: APOPKA, FL 32703

Title: S (X) Change () Addition
Name: ILARDI, BARBARA A
Address: 2301 OCOEE APOPKA ROAD
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A. ILARDI

VP

07/19/2005

Electronic Signature of Signing Officer or Director

Date