

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2004 8:00 am
Secretary of State

5/13

05-13-2004 90013 034 ***150.00

DOCUMENT # P99000071213

1. Entity Name

RUSSELL'S CONSTRUCTION CLEAN-UP, INC.



Principal Place of Business

2814 SE 8TH AVE
CAPE CORAL FL 33904

Mailing Address

2814 SE 8TH AVE
CAPE CORAL FL 33904

2. Principal Place of Business

1530 E 12th ST

Suite, Apt. #, etc.

3. Mailing Address

PO Box 151234

Suite, Apt. #, etc.

City & State

Lehigh Acres FL

City & State

CAPE CORAL FL

Zip

33972

Country

USA

Zip

33915

Country

LEE USA

4. FEI Number

65-0942121

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RUSSELL, DAVID S
3501-DEL PRADO BLVD STE 3121
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

DAVID S RUSSELL

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

1530 E 12th ST

City

Lehigh Acres

FL

Zip Code
33972

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

4-28-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	D	<input type="checkbox"/> Delete
NAME	RUSSELL, DAVID S	
STREET ADDRESS	1344 NE 1ST STREET	
CITY-ST-ZIP	FORT MYERS FL 33909	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	RUSSELL, DAVID S	
STREET ADDRESS	2814 SE 8TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HASTINGS, KRISTIN	
STREET ADDRESS	2814 SE 8TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
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 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 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:

DAVID RUSSELL

6-2-04

239-707-6150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone