

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90008 027 \*\*\*150.00

**DOCUMENT # P99000104585**

1. Entity Name  
**CLEAN AS A WHISTLE STRUCTURE CLEANING  
SYSTEMS, INC.**



Principal Place of Business  
**3401 GLOSSY LEAF LANE  
CLERMONT, FL 34711**

Mailing Address  
**3401 GLOSSY LEAF LANE  
CLERMONT, FL 34711**

**DO NOT WRITE IN THIS SPACE**



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3611235**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PALERMO, MICHAEL  
3401 GLOSSY LEAF LANE  
CLERMONT, FL 34711**

**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 restate)

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	PST
NAME	PALERMO, MICHAEL
STREET ADDRESS	3401 GLOSSY LEAF LANE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	V
NAME	PALERMO, MICHAEL J JR.
STREET ADDRESS	3401 GLOSSY LEAF LANE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	S
NAME	PALERMO, ROSE MARIE
STREET ADDRESS	3401 GLOSSY LEAF LANE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

*MICHAEL PALERMO*

Date

Daytime Phone #

*407-342-9020*