

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION

ANNUAL REPORT

1995

DOCUMENT # **S02448**

WE CLEAN, INC.



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

(6)

APPROVED  
FILED

09/26/1990  
ORLANDO, FLORIDA

661 GOLDEN SUNSHINE CIRCLE  
ORLANDO FL 32807

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ORLANDO FL 32807

1. Date of Report	09/26/1990	2. Date of Last Report	05/01/1994
3. Filing Number	59-3050545	4. Applicant For	Not Applicable
5. Certificate of Status Demand	<input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
7. Florida Statutes	<input type="checkbox"/>	8. Florida Statutes	<input type="checkbox"/>
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent		

EARLEY, DIANNA L. 661 GOLDEN SUNSHINE CIRCLE ORLANDO FL 32802	81 Name	
	82 Street Address (P.O. Box Number or Post Office)	
	83 City	
	84 State	FL
	85 Zip Code	

11. I, the undersigned, being duly sworn, depose and say that I am the president of the corporation named herein and that I am the person who has caused this statement to be prepared and filed in accordance with the provisions of the Florida Statutes, and that the information contained herein is true and correct to the best of my knowledge and belief, and that I am the person who has caused this statement to be prepared and filed in accordance with the provisions of the Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: EARLEY, DIANNA ADDRESS: 661 GOLDEN SUNSHINE CIR. ORLANDO FL CITY: ORLANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: EARLEY, ROBERT E. II ADDRESS: 661 GOLDEN SUNSHINE CIR. ORLANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.011(2)(b), Florida Statutes. I further certify that the information furnished on this annual report is complete, correct and accurate and that my signature shall serve the same legal effect as if made under oath. I declare under penalty of perjury that the information on this annual report is true and correct to the best of my knowledge and belief, and that I am the person who has caused this statement to be prepared and filed in accordance with the provisions of the Florida Statutes.

SIGNATURE: *Dianna L. Earley*  
 SIGNATURE AND PRINT OR PRINTED NAME OF SIGNING OFFICER OR OFFICER  
 DIANNA L. EARLEY, PRESIDENT