2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 28, 2008 8:00 am Secretary of State DOCUMENT # V34420 1. Entity Name 02-28-2008 90021 021 \*\*\*150.00 CLEAN SWEEP CLEANING, INC. Principal Place of Business Mailing Address PO BOX 1298 GULF BREEZE FL 32561 PO BOX 1298 GULF BREEZE FL 32561 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 48 KEVIN DRIVE Suite, Apt. #, etc 1st MOORE CR2E034 (10/07) City & State Applied For 4. FEI Number 59-3121398 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired danita Rosa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRISCOLL, MARTHA 148 KEVIN DRIVE Street Address (P.O. Box Number is Not Acceptable) **GULF BREEZE FL 32561** Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D ☐ Delete TITLE Addition TITLE ☐ Change NAME DRISCOLL, MARTHA NAME 148 KEVIN DRIVE STREET ADDRESS STREET ADDRESS GULF BREEZE FL 32561 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAM: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 who an address, with all other like empowered.

FILED