


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90021 021 ***150.00

DOCUMENT # V34420 1. Entity Name CLEAN SWEEP CLEANING, INC.					
Principal Place of Business PO BOX 1298 GULF BREEZE FL 32561			Mailing Address PO BOX 1298 GULF BREEZE FL 32561		
2. Principal Place of Business - No P.O. Box # 148 KEVIN DRIVE Suite, Apt. #, etc. GULF BREEZE, FL		3. Mailing Address Suite, Apt. #, etc. City & State City & State Zip 32561 Country SANTA ROSA			
4. FEI Number 59-3121398		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DRISCOLL, MARTHA 148 KEVIN DRIVE GULF BREEZE FL 32561			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <i>M. Driscoll</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> M. DRISCOLL <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 2-19-08 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRISCOLL, MARTHA 148 KEVIN DRIVE GULF BREEZE FL 32561 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E034 (10/07)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M. Driscoll **M. DRISCOLL** **2-19-08** **(850) 934-8250**