2005 FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # V53817

1. Entity Name
A CLEAN SWEEP BY RHODEN, INC.



US

FILED Jan 24, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

7501 TANGLEWOOD DR NEW PT RICHEY, FL 34654 US 7501 TANGLEWOOD DR NEW PT RICHEY, FL 34654

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3137679

01082005

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

RHODEN, RICHARD A. 7501 TANGLEWOOD DRIVE NEW PORT RICHEY, FL 34654

SIGNATURE:

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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 I applicable. (NOTE Registered Agent algrature required when reheated) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P RHODEN, RICHARD A 7501 TANGLEWOOD DR NEW PORT RICHEY, FL 34654				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RHODEN, YVONNE T 7501 TANGLEWOOD DR NEW PORT RICHEY, FL 34654	-			U00000190368 01/24/05-80133-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RHODEN, J.R. 2690 COUNTRY CLUB DR. CLEARWATER, FL 34620			DO	NOT WRITE
ntle Name Street address City-St-Zip				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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.					

LIE OF SIGNING OFFICER OR DIRECTOR