## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # V53817** 

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



**FILED** Apr 10, 2007 08:00 All Secretary of State

Principal Place of Business

7501 TANGLEWOOD DR NEW PT RICHEY, FL 34654

US

Mailing Address

7501 TANGLEWOOD DR NEW PT RICHEY, FL 34654

US



CR2E034 (11/05)

Fee Required

03262007 No Chg-P DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 59-3137679 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE NAME RHODEN, RICHARD A 7501 TANGLEWOOD DR STREET ADDRESS NEW PORT RICHEY, FL 34654 CITY-ST-ZIP TITLE RHODEN, YVONNE T NAME 7501 TANGLEWOOD DR STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34654 TITLE RHODEN, J.R. NAME 2690 COUNTRY CLUB DR. STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 34620 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR