


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000139302**  
 1. Entity Name  
**AUTOMATI - CLEAN, INC.**



Principal Place of Business: **POST OFFICE BOX 130403 TAMPA, FL 33681**  
 Mailing Address: **POST OFFICE BOX 130403 TAMPA, FL 33681**

**DO NOT WRITE IN THIS SPACE**



05142007 No Chg-P CR2E034 (11/05)

4. FEI Number: **05-0628597** Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**AMELIA, FLOYD M PRES**  
**4805 BAYHERON PLACE**  
**#717**  
**TAMPA, FL 33616**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	FLOYD, AMELIA M
STREET ADDRESS	POST OFFICE BOX 130403
CITY-ST-ZIP	TAMPA, FL 33681
TITLE	VST
NAME	FLOYD, AARON C
STREET ADDRESS	POST OFFICE BOX 130403
CITY-ST-ZIP	TAMPA, FL 33681
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 filing 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.

SIGNATURE:  **5/14/07** (813) 495-9530  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #