


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90060 029 \*\*\*150.00

DOCUMENT # P03000103038					
1. Entity Name G.C. CLEANING, INC.					
Principal Place of Business 2017 KNOLLCREST DR CLERMONT, FL 34711			Mailing Address 2017 KNOLLCREST DR CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box # 6505 NEW INDEPENDENCE PKWY Suite, Apt. #, etc.		3. Mailing Address 6505 NEW INDEPENDENCE PKWY Suite, Apt. #, etc.		03192007 Chg-P CR2E034 (12/06)	
City & State WINTER GARDEN, FL		City & State WINTER GARDEN, FL		4. FEI Number 54-2126884	
Zip 34787		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ARBOLEDA, GLORIA 2017 KNOLLCREST DR CLERMONT, FL 34711			7. Name and Address of New Registered Agent		
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City			FL		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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS HOYOS, CATALINA <del>2017 KNOLLCREST DR</del> CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6505 NEW INDEPENDENCE PKWY WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			GLORIA ARBOLEDA		03/21/07 407-694-4480 Date Daytime Phone