

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068883

FILED
Apr 30, 2006
Secretary of State

Entity Name: JOHNSON FAMILY CLEANING SERVICES INC.

Current Principal Place of Business:

2506 HELENE LN
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

2506 HELENE LN
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 81-0657414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIPLIN, LAKEISHA
2506 HELENE LN
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

SIPLIN-MULLINGS, LAKEISHA F
2506 HELENE LN
TALLAHASSEE, FL 32304 US

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.

SIGNATURE: LAKEISHA F. SIPLIN-MULLINGS

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIPLIN, LAKEISHA
Address: 2506 HELENE LN
City-St-Zip: TALLAHASSEE, FL 32304

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIPLIN-MULLINGS, LAKEISHA F
Address: 2506 HELENE LN
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: V () Change (X) Addition
Name: MULLINGS, PHILLIP N
Address: 2506 HELENE LANE
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: D () Change (X) Addition
Name: JOHNSON, CORNELL
Address: 6716 MAGONLIA POINTE CIRCLE
City-St-Zip: ORLANDO, FL 32810 US

Title: T () Change (X) Addition
Name: HENDESON-JOHNSON, GAIL Y
Address: 4527 AR CH ST
City-St-Zip: ORLANDO, FL 32808 US

Title: S () Change (X) Addition
Name: JOHNSON, BARBRA A
Address: 6716 MAGNOLIA POINTE CIRCLE
City-St-Zip: ORLANDO, FL 32808 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAKEISHA F. SIPLIN-MULLINGS

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date