


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000090168  
 1. Entity Name  
 GREAT JOB CLEANING SERVICE, INC.



Principal Place of Business  
 2238 STONEMILL DRIVE  
 ORLANDO, FL 32837

Mailing Address  
 2238 STONEMILL DRIVE  
 ORLANDO, FL 32837

**DO NOT WRITE IN THIS SPACE**



07202007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 20-1303888

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRABELLI, SONIA  
 2238 STONEMILL DRIVE  
 ORLANDO, FL 32837

**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)

UD00000770691  
 07/27/07-80003-003 150.00  
 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	PVSD
NAME	STRABELLI, SONIA
STREET ADDRESS	2238 STONEMILL DRIVE
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Sonia Strabelli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-20-07 407-240-2672  
 Date Daytime Phone #