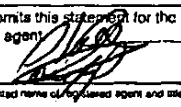
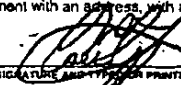


2005 FOR PROFIT CORPORATION ANNUAL REPORT

1/2

FILED
Feb 16, 2005 8:00 am
Secretary of State

01-20-2005 90039 017 ***150.00

DOCUMENT # P04000094313					
1. Entity Name EBONY CLEANING SERVICES, INC.					
Principal Place of Business 1916 N HASTINGS STREET ORLANDO, FL 32808			Mailing Address 1916 N HASTINGS STREET ORLANDO, FL 32808		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAMPBELL, GLENROY 1916 N HASTINGS STREET ORLANDO, FL 32808				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  DATE 1/11/05					
(NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	DP	☐ Delete			
NAME	CAMPBELL, GLENROY O				
STREET ADDRESS	1916 N HASTINGS STREET				
CITY - ST - ZIP	ORLANDO, FL 32808				
TITLE	DST	☐ Delete			
NAME	CAMPBELL, SHARON				
STREET ADDRESS	1916 N HASTINGS STREET				
CITY - ST - ZIP	ORLANDO, FL 32808				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE 1/11/05					
(PRINT NAME OF SIGNING OFFICER OR DIRECTOR)					

66002108



01112005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1251166** Applied For ☐ Not Applicable ☒

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

SIGNATURE:

(PRINT NAME OF SIGNING OFFICER OR DIRECTOR)

1/11/05

Daytime Phone: