

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000106085

FILED
May 31, 2005
Secretary of State

Entity Name: SPOTLESS COMMERCIAL & RESIDENTIAL CLEANING CORP

Current Principal Place of Business:

401 SW 35TH PLACE
CAPE CORAL, FL 33991 US

New Principal Place of Business:

401 SW 35TH PLACE
N/A
CAPE CORAL, FL 33991 US

Current Mailing Address:

401 SW 35TH PLACE
CAPE CORAL, FL 33991 US

New Mailing Address:

401 SW 35TH PLACE
N/A
CAPE CORAL, FL 33991 US

FEI Number: 37-1493021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, WADE P VP
401 SW 35TH PLACE
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NOCERA-SMITH, CHERILYN M P
Address: 401 SW 35TH PLACE
City-St-Zip: CAPE CORAL, FL 33991 US

Title: VP () Delete
Name: SMITH, WADE P VP
Address: 401 SW 35 PLACE
City-St-Zip: CAPE CORAL, FL 33991 US

Title: SECT (X) Delete
Name: NOCERA, CATHERINE L SECT
Address: 419 SANTA BARBARA BLVD.
City-St-Zip: CAPE CORAL, FL 33991 US

Title: TRES (X) Delete
Name: SMITH, SHAYNA M TRES
Address: 8383 SOUTH HAVEN LANE
City-St-Zip: FT.MYERS, FL 33919 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WADE P. SMITH

VP

05/31/2005

Electronic Signature of Signing Officer or Director

Date