

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90025 020 ***150.00

DOCUMENT # P05000024954					
1. Entity Name "NICE" TOUCH CLEANING & CATERING SERVICE, INC.					
Principal Place of Business 537 N. GENATHY DRIVE AUBURNDALE, FL 33823 US			Mailing Address 537 N. GENATHY DRIVE AUBURNDALE, FL 33823 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05162006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-2353151				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KEITH, WILLIAM C 1517 COMMERCIAL PARK DRIVE LAKELAND, FL 33801			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 _____ (NOTE: Registered Agent signature required when renating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICE, LEROY M 537 N. GENATHY DRIVE AUBURNDALE, FL 33823		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KROUT-NICE, SANDRA R 537 N. GENATHY DRIVE AUBURNDALE, FL 33823		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
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>Sandra R. Krouf-Nice</i>		SANDRA R. KROUF-NICE		5/10/06	863-224-1173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	