## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 17, 2008 08:00 AN Secretary of State DOCUMENT # P05000069225 1. Entity Name I.T.K. CLEANING SERVICE, INC. Mailing Address Principal Place of Business 21 N. MAYWOOD AVE. 21 N. MAYWOOD AVE. CLEARWATER, FL 33765 CLEARWATER, FL 33765 No Chg-P CR2E034 (11/05) 01142008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2937033 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KHAN, IMTAZ TERRY DO NOT WRITE 21 N. MAYWOOD AVE. CLEARWATER, FL 33765 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DPST U00000787007 01/17/08-80063-021 150.00 KHAN, IMTAZ TERRY NAME. 21 N. MAYWOOD AVE. STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33765 Title HAME STREET ADDRESS CITY-ST-ZIP THEF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAMŁ STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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.

IMAZ FEREY KHAN

NAME STREET ADDRESS CITY-ST-ZIP THUE NAME. STREET ADDRESS CITY-ST-ZIP