


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P05000155992 1. Entity Name SEVILLA'S CLEANING, INC.	
---	---

Principal Place of Business 680 HOMESTEAD RD S LEHIGH ACRES, FL 33936 US	Mailing Address 680 HOMESTEAD RD S LEHIGH ACRES, FL 33936 US
--	--



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1154003	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NEAULT, MARTHA S
680 HOMESTEAD RD S
LEHIGH ACRES, FL 33936

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: *Martha S. Neault* 2-28-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE	DIR
NAME	NEAULT, MARTHA S
STREET ADDRESS	680 HOMESTEAD RD S
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	P
NAME	NEAULT, MARTHA S
STREET ADDRESS	680 HOMESTEAD RD S
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	DIR
NAME	NEAULT, TRAVIS L
STREET ADDRESS	680 HOMESTEAD RD S
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	VP
NAME	NEAULT, TRAVIS L
STREET ADDRESS	680 HOMESTEAD RD S
CITY-ST-ZIP	LEHIGH, FL 33936
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: *Martha S. Neault*