

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90030 033 ***158.75

DOCUMENT # P99000082427		
1. Entity Name O.B. CLEANING SERVICE INCORPORATED		

Principal Place of Business 15009 MAPLES PLACE TAMPA, FL 33624	Mailing Address 15009 MAPLES PLACE TAMPA, FL 33624
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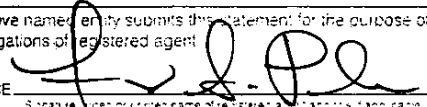
2. Principal Place of Business - No P.O. Box # 15009 Naples Place	3. Mailing Address 15009 Naples Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03132007 Chg-P CR2E034 (12/06)

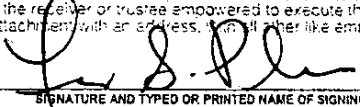
City & State Tampa, FL	City & State Tampa, FL	4. FEI Number 59-3603337	Applied For ☐ Applied For ☐ Not Applicable
Zip 33624	Country U.S.A.	Zip 33624	Country U.S.A.
6. Name and Address of Current Registered Agent PHILLIPS, FRANCES S 15907 OLD STONE PLACE TAMPA, FL 33624		7. Name and Address of New Registered Agent Phillos, Frances S. 15009 Naples Place Tampa, FL 33624	

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
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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 April 3, 2007

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	☒ Delete	TITLE P	☒ Change ☐ Addition
NAME PHILLOS, FRANCES S		NAME Phillos Frances S.	
STREET ADDRESS 15907 OLD STONE PLACE		STREET ADDRESS 15009 Naples PL	
CITY-ST-ZIP TAMPA, FL 33624		CITY-ST-ZIP Tampa, FL 33624	
TITLE VP	☐ Delete	TITLE P	☒ Change ☐ Addition
NAME BAKER, SCOTT		NAME Phillos Frances S.	
STREET ADDRESS 5856 DARTMOUTH AVE, N		STREET ADDRESS 15009 Naples PL	
CITY-ST-ZIP SAINT PETERSBURG, FL 33710		CITY-ST-ZIP Tampa, FL 33624	
TITLE P	☒ Delete	TITLE P	☒ Change ☐ Addition
NAME PHILLS, FRANCES S		NAME Phillos Frances S.	
STREET ADDRESS 15009 MAPLES PLACE		STREET ADDRESS 15009 Naples PL	
CITY-ST-ZIP TAMPA, FL 33624		CITY-ST-ZIP Tampa, FL 33624	
TITLE 	☐ Delete	TITLE 	☐ Change ☐ Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	☐ Delete	TITLE 	☐ Change ☐ Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 113, 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, if an officer or other like empowered.	
SIGNATURE: 	DATE 4/3/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 813 961-0074	