


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90036 044 \*\*\*150.00

|   |                      |   |   |  |                                   |
|---|----------------------|---|---|--|-----------------------------------|
| DOCUMENT # P03000056688   |                      |   |   |         |                                   |
| 1. Entity Name<br>SPARKLING CLEAN SERVICE INC   |                      |   |   |  |                                   |
| Principal Place of Business<br>224 SW 34TH STREET<br>CAPE CORAL, FL 33914   |                      | Mailing Address<br>224 SW 34TH STREET<br>CAPE CORAL, FL 33914   |   |  |                                   |
| 2. Principal Place of Business  |                      | 3. Mailing Address  |   |  |                                   |
| Suite, Apt. #, etc.   |                      | Suite, Apt. #, etc.   |   |  |                                   |
| City & State  |                      | City & State  |   | 4. FEI Number<br>56-2363229  |                                   |
| Zip   |                      | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent   |                      |   | 7. Name and Address of New Registered Agent                                     |  |                                   |
| FERMIN, ANTONIO<br>224 SW 34TH STREET<br>CAPE CORAL, FL 33914   |                      |   | Name <u>BERNARDA FERMIN</u>   |  |                                   |
|   |                      |   | Street Address (P.O. Box Number is Not Acceptable)<br><u>224 SW 34TH STREET</u> |  |                                   |
|   |                      |   | City <u>CAPE CORAL</u> FL Zip Code <u>33914</u>                                 |  |                                   |
| 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: <u>Bernarda Fermin</u>   |                      |   |   | DATE: <u>03-09-05</u>  |                                   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |                      |   |   |  |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |                                   |
| 10. OFFICERS AND DIRECTORS  |                      |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                           |  |                                   |
| TITLE   | P                    | <input checked="" type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | FERMIN, ANTONIO      |   | NAME  |  |                                   |
| STREET ADDRESS  | 224 SW 34TH STREET   |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | CAPE CORAL, FL 33914 |   | CITY-ST-ZIP   |  |                                   |
| TITLE   | V                    | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | FERMIN, BERNARDA     |   | NAME  |  |                                   |
| STREET ADDRESS  | 224 SW 34TH STREET   |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | CAPE CORAL, FL 33914 |   | CITY-ST-ZIP   |  |                                   |
| TITLE   |                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                      |   | NAME  |  |                                   |
| STREET ADDRESS  |                      |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                      |   | CITY-ST-ZIP   |  |                                   |
| TITLE   |                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                      |   | NAME  |  |                                   |
| STREET ADDRESS  |                      |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                      |   | CITY-ST-ZIP   |  |                                   |
| TITLE   |                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                      |   | NAME  |  |                                   |
| STREET ADDRESS  |                      |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                      |   | CITY-ST-ZIP   |  |                                   |
| TITLE   |                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> 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 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 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: <u>Bernarda Fermin</u>   |                      |   |   | DATE: <u>03-09-05</u>  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                      |   |   | Date   |                                   |
|   |                      |   |   | Daytime Phone #  |                                   |

50027247



03092005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

\$8.75 Additional Fee Required

FL Zip Code 33914

03-09-05

\$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS |                      |  |
|----------------------------|----------------------|--|
| TITLE                      | P                    | <input checked="" type="checkbox"/> Delete |
| NAME                       | FERMIN, ANTONIO      |  |
| STREET ADDRESS             | 224 SW 34TH STREET   |  |
| CITY-ST-ZIP                | CAPE CORAL, FL 33914 |  |
| TITLE                      | V                    | <input type="checkbox"/> Delete            |
| NAME                       | FERMIN, BERNARDA     |  |
| STREET ADDRESS             | 224 SW 34TH STREET   |  |
| CITY-ST-ZIP                | CAPE CORAL, FL 33914 |  |
| TITLE                      |                      | <input type="checkbox"/> Delete            |
| NAME                       |                      |  |
| STREET ADDRESS             |                      |  |
| CITY-ST-ZIP                |                      |  |
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| NAME                       |                      |  |
| STREET ADDRESS             |                      |  |
| CITY-ST-ZIP                |                      |  |
| TITLE                      |                      | <input type="checkbox"/> Delete            |
| NAME                       |                      |  |
| STREET ADDRESS             |                      |  |
| CITY-ST-ZIP                |                      |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|---|--|---|
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Bernarda Fermin DATE: 03-09-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #