

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90011 029 ***150.00

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



02072006 Chg-P CR2E034 (11/05)

4. FEI Number
86-1154003

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NEAULT, MARTHA S
680 HOMESTEAD RD S
LEHIGH ACRES, FL 33936

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR NEAULT, MARTHA S 680 HOMESTEAD RD S LEHIGH ACRES, FL 33936 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEAULT, MARTHA S 680 HOMESTEAD RD S LEHIGH ACRES, FL 33936 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR NEAULT, TRAVIS L 680 HOMESTEAD RD S LEHIGH ACRES, FL 33936 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEAULT, TRAVIS L 680 HOMESTEAD RD S LEHIGH, FL 33936 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: Martha S. Neault 02-08-06 (239) 368-2113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #