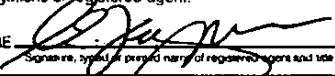
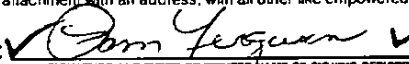


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
5/2/2006-90169-038-\$150.00-\$150.00

06 JUN 19 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000001131			
1. Entity Name SPOTLESS CLEANING OF NAPLES, INC.			
Principal Place of Business 5380 TAMARIND RIDGE DRIVE NAPLES, FL 34119 US		Mailing Address 5380 TAMARIND RIDGE DRIVE NAPLES, FL 34119 US	
2. Principal Place of Business 6017 PINE RIDGE RD #345		3. Mailing Address 6017 PINE RIDGE RD #345	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34119	Country	Zip 34119	Country
4. FEI Number		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERGUSON, C. EDWARD 5380 TAMARIND RIDGE DRIVE NAPLES, FL 34119		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7350 LONGSHORE WAY, S City NAPLES FL Zip Code 34119	
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  C. EDWARD FERGUSON DATE 3/31/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERGUSON, PAMELA D 81 EMERALD WOODS DRIVE, UNIT M9 NAPLES, FL 34108 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 15210 MAJORCA BAY DR. NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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:  Pam Ferguson		Date 4/29/06 Daytime Phone 39877-1240	
SIGNATURE AND TYPED OR PRINTED NAME OF ADDITIONAL OFFICER OR DIRECTOR			

6/20 ad