


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 543326 <small>1. Entity Name</small> VETERANS CLEANING SERVICE OF GAINESVILLE, INC.	
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<small>Principal Place of Business</small> 1819 NW 35 AVE PO BOX 3914 OCALA, FL 34478-3914 US	<small>Mailing Address</small> 1819 NW 35 AVE PO BOX 3914 OCALA, FL 34478-3914 US
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

<small>4. FEI Number</small> 59-1784607	<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
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<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$8.75 Additional Fee Required
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<small>6. Name and Address of Current Registered Agent</small> CROY, HARRY R. 2451 S.W. 105TH STREET P.O. BOX 3914 OCALA, FL 34478
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**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.

<small>SIGNATURE</small> <small>Signature typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/>	\$5.00 May Be Added to Fees
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<small>10. OFFICERS AND DIRECTORS</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	PT CROY, HARRY R 2451 SW 105TH STREET OCALA, FL
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	VS CROY, MYRTLE T 2451 SW 105TH STREET OCALA, FL
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	

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**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: <i>Myrtle T. Croy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> MYRTLE T. CROY	1/17/06 <small>Date</small>	(352) 732-7474 <small>Daytime Phone #</small>
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