

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90061 024 \*\*\*150.00

**DOCUMENT # 543326**

1. Entity Name  
**VETERANS CLEANING SERVICE OF GAINESVILLE, INC.**



Principal Place of Business  
**1819 NW 35 AVE  
PO BOX 3914  
OCALA, FL 34478-3914 US**

Mailing Address  
**1819 NW 35 AVE  
PO BOX 3914  
OCALA, FL 34478-3914 US**

40001533



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**59-1764607**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROY, HARRY R.  
2451 S.W. 105TH STREET  
P.O. BOX 3914  
OCALA, FL 34478**

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

IF 2007 Registered Agent signature required when terminating

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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  
**PT  
CROY, HARRY R  
2451 SW 105TH STREET  
OCALA, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VS  
Croy, Harry R  
2451 SW 105 ST  
OCALA, FL 34476** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VS  
CROY, MYRTLE T  
2451 SW 105TH STREET  
OCALA, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PT  
Croy, Myrtle T  
2451 SW 105 ST  
OCALA, FL 34476** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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☐ 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 *Myrtle T. Croy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Myrtle T. CROY**

01/08/2008 (352) 732-7474  
DATE Document Phone #