

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 543326

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: VETERANS CLEANING SERVICE OF GAINESVILLE, INC.

## Current Principal Place of Business:

1819 NW 35 AVE  
PO BOX 3914  
OCALA, FL 344783914 US

## New Principal Place of Business:

1819 NW 35 AVE  
OCALA, FL 34475 US

## Current Mailing Address:

1819 NW 35 AVE  
PO BOX 3914  
OCALA, FL 344783914 US

## New Mailing Address:

POB 3914  
OCALA, FL 344783914 US

FEI Number: 59-1764607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

CROY, HARRY R.  
2451 S.W. 105TH STREET  
OCALA, FL 34476 US

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.

SIGNATURE:

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VS ( ) Delete  
Name: CROY, HARRY R  
Address: 2457 SW 105 ST  
City-St-Zip: OCALA, FL 34476

Title: PT ( ) Delete  
Name: CROY, MYRTLE T  
Address: 1214 SOUTH ANDREWS AVE STE 301  
City-St-Zip: OCALA, FL 34476

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VS (X) Change ( ) Addition  
Name: CROY, HARRY R  
Address: 2451 SW 105 ST  
City-St-Zip: OCALA, FL 34476

Title: PT (X) Change ( ) Addition  
Name: CROY, MYRTLE T  
Address: 2451 SW 105 STREET  
City-St-Zip: OCALA, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRTLE T. CROY

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date