


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90257 027 ***150.00

DOCUMENT # H46158 1. Entity Name MAID FOR YOU OF BOCA RATON, INC.					
Principal Place of Business 7301 W PALMETTO PARK RD. 202B BOCA RATON, FL 33433			Mailing Address 4756 S CLASSICAL BLVD. DELRAY BEACH, FL 33445		
2. Principal Place of Business 4756 S. Classical Blvd		3. Mailing Address Suite, Apt. #, etc.			
City & State Delray Bch, FL		City & State FL		4. FEI Number 59-2497582	
Zip 33445		Country Palin Bch		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'NEILL, SHERRY 4756 S CLASSICAL BLVD. DELRAY BEACH, FL 33445				7. Name and Address of New Registered Agent Name Sherry O'Neill 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 Sherry O'Neill DATE 1/10/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 O'NEILL, SHERRY 6060 AMBERWOODS DR. BOCA RATON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sherry O'Neill 4756 S Classical Blvd Delray Beach, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sherry O'Neill 4756 S Classical Blvd Delray Beach, FL 33445	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sherry O'Neill 4756 S Classical Blvd Delray Beach, FL 33445	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sherry O'Neill 4756 S Classical Blvd Delray Beach, FL 33445	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sherry O'Neill 4756 S Classical Blvd Delray Beach, FL 33445	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sherry O'Neill, Pres <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/10/06 Daytime Phone # 561 392.7651		