

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J42650

FILED
Jan 14, 2009
Secretary of State

Entity Name: QUALICARE CLEANING, INCORPORATED

Current Principal Place of Business:

6020-H DEACON ROAD
SARASOTA, FL 34238 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 20135
SARASOTA, FL 342763135 US

New Mailing Address:

FEI Number: 59-2739276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHAN, JAMES J.
1800 ENGLEWOOD ROAD
LOT 24
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEHAN, JAMES J.,
Address: 1800 ENGLEWOOD RD., LOT 24
City-St-Zip: ENGLEWOOD, FL 34223

Title: DST () Delete
Name: LEHAN, JAMES J., JR.,
Address: 2109 N. CHESTNUT AVENUE
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

Title: DV () Delete
Name: LEHAN, WILLIAM E
Address: 3480 W PRICE BLVD
City-St-Zip: NORTH PORT, FL 34287

Title: DVAS () Delete
Name: LEHAN, JOHN E
Address: 4548 32ND AVENUE N.
City-St-Zip: ST. PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES J. LEHAN, JR.

DST

01/14/2009

Electronic Signature of Signing Officer or Director

Date