

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-17-2006 90373 028 ***150.00

DOCUMENT # K04717

1. Entity Name
PRO-CARE CLEANING SERVICES, INC.



Principal Place of Business

~~C/O JULES G. KESSLER~~
~~7706 15TH AVENUE N.W.~~
~~BRADENTON, FL 34209~~

Mailing Address

~~C/O JULES G. KESSLER~~
~~7706 15TH AVENUE N.W.~~
~~BRADENTON, FL 34209~~

40051047



2. Principal Place of Business

3305 RIVERWOODS DR

3. Mailing Address

Suite, Apt. #, etc.

03232006

Chg-P

CR2E034 (11/05)

City & State

PARRISH FL

City & State

Zip

34219

Country

MANATEE

Zip

Country

4. FEI Number

65-0016864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KESSLER, JULES G.
7706 15TH AVENUE N.W.
BRADENTON, FL 34209

7. Name and Address of New Registered Agent

Name **SIGNA GUSTAFSON**

Street Address (P.O. Box Number is Not Acceptable)
3305 RIVERWOODS DR

City **PARRISH**

FL

Zip Code
34219

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **KESSLER, JULES G.**
STREET ADDRESS **7706 15TH AVE. N.W.**
CITY-ST-ZIP **BRADENTON, FL**

TITLE **DST** ☒ Delete
NAME **KESSLER, LADONNA W.**
STREET ADDRESS **7706 15TH AVE. N.W.**
CITY-ST-ZIP **BRADENTON, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☒ Change ☐ Addition
NAME **GUSTAFSON, SIGNA**
STREET ADDRESS **3305 RIVERWOODS DR**
CITY-ST-ZIP **PARRISH FL 34219**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06

Date

741 737-9124

Daytime Phone #