

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY - 1 AM 3: 31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K22718 (6)**

1. Corporation Name  
**LITTLE DUTCH GIRL MAID SERVICES INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business <b>% BRETT S. SWALES 1005 W BUSCH BLVD #204A TAMPA FL 33612</b>	Mailing Address <b>% BRETT S. SWALES 1005 W BUSCH BLVD #204A TAMPA FL 33612</b>
--	--

3. Date Incorporated or Qualified <b>05/02/1988</b>	3a. Date of Last Report <b>04/29/1994</b>
--	--

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number <b>59-2890830</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SWALES, BRETT S.  
1005 W BUSCH BLVD #204A  
TAMPA FL 33612**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
B3	
B4 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retitling)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>SWALES, BRETT S.</b>
STREET ADDRESS	<b>1005 W BUSCH BLVD #204A</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>ST</b>
NAME	<b>SWALES, CAROL A.</b>
STREET ADDRESS	<b>6407 SANTA MONICA DR.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>V</b>
NAME	<b>SHERIDAN, DELORES</b>
STREET ADDRESS	<b>9032 NAUTILS CIR</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol A Swales **CAROL A SWALES** 7/29/95 (813) 886-3325  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Include Area Code)