## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receiver or trustee empowered to account the compowered if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Edward Transform

## Jan 31, 2008 08:00 AN DOCUMENT # K33846 1. Entity Name **Secretary of State** BOCA GRANDE CLEANING, INC. Principal Place of Business Mailing Arldress 446 FOURTH ST 446 FOURTH ST P O BOX-664 P O BOX 664 **BOCA GRANDE FL 33921 BOCA GRANDE FL 33921** 2. Principal Piace of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 65-0095864 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRAUTMAN, BILLIE JO Street Address (P.O. Box Number is Not Acceptable) 10477 WASHINGTON ROAD PORT CHARLOTTE FL 33981 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 coligations of registered agent. SIGNATURE. Sonature, typed or chared name of registered agent and title if applicable. (NOTE: Registered Agor Laigninture required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete Addition NAME TRAUTMAN, BILLIE JO NAME STREET ADDRESS 10477 WASHINGTON RD STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL CITY-ST-ZIP ☐ Derete ☐ Change ☐ Addition TITLE TITLE TRAUTMAN, EDWARD NAME STREET ADDRESS 10477 WASHINGTON RD STREET ADDRESS CHY-ST-212 PORT CHARLOTTE FL CITY-ST-ZIP <u>U00000080548</u>7 U00000805487 □ Change [ 02/08/08-80004-006 150.00 Derete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP Delete THILE TITLE Change ■ Addition STREET ADDRESS STREET ADDRESS 0117-51-712 CITY-ST-7IP ☐ Change HILE De:ele TITLE Addition MANE NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP Addition TITLE Deiele TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST ZIP CITY ST-ZIP 12. Thereby certify that the information subclied with this filling does not qualify for the exemptions contained in Section 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

Edward Trautman

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