

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90042 033 \*\*\*150.00

**DOCUMENT # K73576**

1. Entity Name

HAVEN CLEANING SYSTEMS, INC.



Principal Place of Business

%MARK C. MERCIER  
720 AVENUE K, S.W. - P.O. BOX 2186  
WINTER HAVEN FL 33880

Mailing Address

%MARK C. MERCIER  
720 AVENUE K, S.W. - P.O. BOX 2186  
WINTER HAVEN FL 33880



2. Principal Place of Business - No P.O. Box #

707 Ave. K, SW

3. Mailing Address

707 Ave. K, SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33880

Country

Polk

Zip

33880

Country

Polk

4. FEI Number

59-2941249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MERCIER, MARK C.  
720 AVE. K SW  
WINTER HAVEN FL 33808

7. Name and Address of New Registered Agent

Name

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:

*Mark C. Mercier* MARK C. MERCIER, President

3/5/2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when completing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPV	<input type="checkbox"/> Delete
NAME	MERCIER, MARK	
STREET ADDRESS	9457 WATERFORD OAKS DR	
CITY-ST-ZIP	WINTER HAVEN FL 33884-2239	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MERCIER, KAREN F.	
STREET ADDRESS	9457 WATERFORD OAKS DR	
CITY-ST-ZIP	WINTER HAVEN FL 33884-2239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Karen F. Mercier* KAREN F. MERCIER

3/5/2008 (863) 318-0231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #