


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90150 036 ***150.00

DOCUMENT # L58647	
1. Entity Name COMPLETE CLEANING SERVICE OF INDIAN RIVER COUNTY, INC.	

Principal Place of Business 953 OLD DIXIE HWY B7 VERO BCH FL 32960 US	Mailing Address 1225 45TH CT S.W. VERO BEACH FL 32968 US
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2. Principal Place of Business	3. Mailing Address 4412 5TH PLACE SW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State VERO BEACH, FL
Zip	Country US



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0187293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KISTLER, JOHN PAUL, JR. 1225 45TH COURT S.W. VERO BEACH FL 32968	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4412 5TH PLACE SW City VERO BEACH, FL Zip Code 32968	

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 *John Paul Kistler Jr.* DATE 03/31/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BRIDWELL, GAIL 200 39TH COURT VERO BEACH FL 32968 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Gail Bridwell Gathin* DATE 3/25/05 772-562-3585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR